

BOARD OF SUPERVISORS

Brown County



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HUMAN SERVICES COMMITTEE

Erik Hoyer, Chair
Patrick Evans, Vice Chair
Joan Brusky, Thomas De Wane, Aaron Linssen

HUMAN SERVICES COMMITTEE

Wednesday, August 28, 2019

6:00 pm

Room 200, Northern Building
305 E. Walnut Street, Green Bay

NOTICE IS HEREBY GIVEN THAT THE COMMITTEE MAY TAKE ACTION
ON ANY ITEM LISTED ON THE AGENDA

- I. Call Meeting to Order.
- II. Approve/Modify Agenda.
- III. Approve/Modify Minutes of July 24, 2019.

Comments from the Public

1. Review Minutes of:
 - a. Aging & Disability Resource Center of Brown County (May 23, 2019).
 - b. Board of Health (May 14, 2019).
 - c. Human Services Board (July 11, 2019).
 - d. Mental Health Treatment Subcommittee (April 17, 2019).

Presentation

2. Presentation/Update for Healthy Families by Family Services.

Communications

3. Communication from Supervisor Hoyer re: Direct Corporation Counsel to draft a resolution in support of building a juvenile detention facility in Brown County. *Referred from August County Board.*

Wind Turbine Update

4. Receive new information – Standing Item.

Health & Human Services Department

5. Budget Adjustment Request (19-071): Reallocation of more than 10% of the funds originally appropriated between any of the levels of appropriation.
6. Resolution Regarding Table of Organization Change for the Health and Human Services Department – Community Services Division Account Clerk I Position.
7. Presentation of Child Protection Services Study.
8. Executive Director's Report.
9. Financial Report for Community Treatment Center and Community Services.

10. Statistical Reports.
 - a. Monthly CTC Data.
 - i. Bay Haven Crisis Diversion.
 - ii. Nicolet Psychiatric Center.
 - iii. Bayshore Village (Nursing Home).
 - iv. CTC Double Shifts.
 - b. Child Protection – Child Abuse/Neglect Report.
 - c. Monthly Contract Update.
11. Request for New Non-Contracted and Contracted Providers.

Aging & Disability Resource Center – No items.

Veterans Services – No items.

Other

12. Audit of bills.
13. Such other Matters as Authorized by Law.
14. Adjourn.

Erik Hoyer, Chair

Notice is hereby given that action by Committee may be taken on any of the items which are described or listed in this agenda.

Please take notice that it is possible additional members of the Board of Supervisors may attend this meeting, resulting in a majority or quorum of the Board of Supervisors. This may constitute a meeting of the Board of Supervisors for purposes of discussion and information gathering relative to this agenda.

PROCEEDINGS OF THE BROWN COUNTY
HUMAN SERVICES COMMITTEE

Pursuant to Section 19.84 Wis. Stats., a regular meeting of the **Brown County Human Services Committee** was held on Wednesday, July 24, 2019 in Room 200 of the Northern Building, 305 E. Walnut Street, Green Bay, WI.

Present: Chair Hoyer, Supervisor Evans, Supervisor De Wane, Supervisor Brusky and Supervisor Linssen
Also Present: Community Services Administrator Jenny Hoffman, Director of Nursing Samantha Behling, Health and Human Services Director Erik Pritzl, Director of Administration Chad Weininger, Judge Donald Zuidmulder, Finance Manager Eric Johnson and other interested parties.

I. Call Meeting to Order.

The meeting was called to order by Chair Hoyer at 6:00 pm.

II. Approve/Modify Agenda.

Motion made by Supervisor De Wane, seconded by Supervisor Evans to approve. Vote taken. **MOTION CARRIED UNANIMOUSLY**

III. Approve/Modify Minutes of June 26, 2019.

Motion made by Supervisor De Wane, seconded by Supervisor Evans to approve. Vote taken. **MOTION CARRIED UNANIMOUSLY**

Comments from the Public. None.

1. Review Minutes of:

- a. Aging & Disability Resource Center of Brown County (April 25, 2019).
- b. Aging & Disability Resource Center of Brown County – Executive/Finance Committee (March 13, 2019).
- c. Human Services Board (May 9, 2019).
- d. Veterans' Recognition Subcommittee (June 18, 2019).

Motion made by Supervisor De Wane, seconded by Supervisor Evans to suspend the rules to take Items 1 a-d together. Vote taken. **MOTION CARRIED UNANIMOUSLY**

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to receive and place on file Items 1 a-d. Vote taken. **MOTION CARRIED UNANIMOUSLY**

Treatment Courts

2. Treatment Court Update from Judge Zuidmulder.

Judge Zuidmulder provided a handout, a copy of which is attached, outlining numbers in the treatment courts. He informed Drug Court just celebrated its 10th anniversary in July. Brown County now has 5 treatment courts which is more than any other county in the state and he noted that our Heroin Court was the first one created in the United States. Brown County has a lot to be proud of when it comes to treatment courts. There are currently 103 people enrolled in the treatment courts.

Judge Zuidmulder continued that at the present time he is handling both the Veterans Court and the Mental Health Court. He recalled last year an OWI Court was established and the County hired a worker to run that court. Then Judge Kelley left the Veterans Court and nobody came forward to replace him, so Judge Zuidmulder volunteered. Part of his immediate concern was that there did not seem to be any structure in the Veterans Court. Nothing was being tracked and nobody knew if the participants in the court were doing what they were supposed to be doing. Judge Zuidmulder said the national standard is that participants need to be held accountable. The OWI case manager that was authorized in the budget had no numbers in the OWI Court and was therefore able to work with the Veterans Court. However, now the OWI Court has an enrollment of 21 and the Veterans Court has 15 participants and there is now

an issue. The intake system is being neglected because everyone is busy trying to cover the 5 treatment courts. Judge Zuidmulder asked that the Committee and Board look at getting a case manager for the Veterans Court as there currently is not one. Presently there are 4 case managers covering 5 courts. If a position is not funded, Judge Zuidmulder does not know what will happen but he assumes at some point a decision would have to be made as to what courts to serve and which not to serve because of staffing.

The number of participants in the treatment courts as outlined on the handout strongly suggest that the treatment courts are making a considerable contribution to reducing the jail population.

With regard to the Veterans Court case manager, Supervisor Linssen asked what the intended method was to cover the court. Judge Zuidmulder responded that the manner in which the Veterans Court was run was not at all consistent with the treatment court standards he has applied since the beginning. Each of the treatment courts were established on Judge Zuidmulder's watch so he knows what the population of each court is and what the design of each court is, but that was not true of the Veterans Court. The Veterans Court was established in 2012 and the judge that ran that court ran it totally independent from the rest of the treatment courts. Linssen asked if there is any sort of method in place to ensure the treatment courts are running the way they should be. Judge Zuidmulder explained that treatment courts are a national program and there are national associations and best practices. Staff regularly attends programs put on by the Wisconsin Association of Treatment Court Professionals which go through best practices and what has been used to make treatment courts successful and what has been found to make them not successful. Among the things that make them successful is accountability and the courts must meet not less than twice a month, but the Veterans Court had a 7 week period that they did not meet. There are standards and best practices that are being used by the 5 treatment courts in Brown County. The Veterans Court was established in 2012 as an independent entity run by a judge who never associated with the other treatment courts and Judge Zuidmulder did not have any authority to make him do any of the things being done in the other treatment courts. The Veterans Court was completely run as that judge saw fit.

Linssen asked if there is any way to verify that the treatment court judges are using best practices. Judge Zuidmulder said there is because each court has professional staff which are the case managers. Case managers have supervisors and all of these people belong to the same professional association and they meet and then bring the programs back to Brown County. Judge Zuidmulder also shared that he started the Drug Court by spending a week in Nashville at training sponsored by the Department of Justice where he was instructed on what the template was for the best way to run treatment courts and he has followed this pattern in establishing all of the treatment courts here. Judge Zuidmulder also made sure all of the judges went to training or were using best practices. He takes a lot of pride in the fact that the courts are operating under best practices and he noted that Wisconsin has a full-time staff person that visits the treatment courts and follows what is being done here.

Supervisor Brusky asked if the case manager for the OWI Court is now also doing the Veterans Court. Judge Zuidmulder said that Mark Vanden Hoogen covers at times, but the rest of the time the duties for the Veterans Court are being shifted around through all the case managers so all the courts have coverage. There are a lot of things that impact a case manager's case load and Judge Zuidmulder said when there are people in a specific court that are taking a lot of time, they may have to slow down on taking people in because they have to adjust to those cases that require more time.

Supervisor Evans appreciates that Judge Zuidmulder feels there is a need for another position but he recalled making the change to the Criminal Justice Division a year ago and at that time the Committee was told things would be managed perfectly and no additional positions would be needed. He finds it hard to say no to a case management position because the treatment courts are so successful. Evans continued that he was not in favor of the transformation when the Criminal Justice Division was created because he felt this was going to happen. Judge Zuidmulder said he has been talking about this issue every time he came before the Committee. Evans understands the difficulty in getting judges and finds that disheartening but he does respect all of the judges. His preference was to keep things running the way they were before the Criminal Justice Division was created. Evans appreciates everything Judge Zuidmulder has done and his passion and guidance and insight and the overall energy he brings to the treatment courts which has made Brown County so far beyond where other counties are. He does not have a problem supporting another position, but he is disappointed.

Judge Zuidmulder shared that the Veterans Court has a special place in his heart. In the criminal justice system, the other courts deal with people who have had some kind of trauma in their life and their life is transformed because of something that happened. What he finds so appealing about the Veterans Court is that these are men and women who have had traumatic experiences in service to our country and defending us. If there is anyone in our community who is entitled to understand PTSD and the triggers that cause them to get into criminal situations, it is these people. In the past these people were sent to jail and prison because we did not understand. When these people, who are decorated veterans with combat experience and PTSD, come into the Veterans Court they find they have two options: go to jail or voluntarily go to Tomah to get treatment. They go to Tomah where they get the help they need to address the PTSD from combat experience so they can come back to the community healthy and get themselves back on track. Judge Zuidmulder will continue to work the the Veterans Court because it is so impactful on peoples' lives.

Brusky commented that the case manager for the Veterans Court would have been needed even if we had not reorganized the criminal justice system into the Criminal Justice Division. It was not a by-product of the reorganization. Hoyer added that it sounds to be more from the transition in leadership of the Veterans Court combined with the addition of the OWI Court. De Wane agreed.

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

Communications – None.

Administration Report

3. CIP Update.

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

Wind Turbine Update

4. Receive new information – Standing Item.

Motion made by Supervisor De Wane, seconded by Supervisor Evans to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

Health & Human Services Department

5. 2020 Capital Project 5-Year Outlook Summary – Projects Proposed as of 7/10/19.

Health and Human Services Director Erik Pritzl informed the \$1,958,000 shown on the 2020 Capital Projects 5 Year Outlook Summary in the agenda packet is for the Crisis Assessment Center project at the CTC which has been referred to as the one stop shop. This would be built at the CTC and the Crisis Center would then be moved out there to provide a single place for an assessment to occur and then if someone is admitted to one of the units, they would go right from the Crisis Assessment Center to the unit which is on campus. This project was previously approved and they are trying to line this up with the medical examiner and jail project which are occurring in the same area to get as much as possible in terms of efficiencies. Pritzl continued that in the future there will be other mental health needs that they are currently planning for.

Hoyer asked if there were any 2019 monies to separate out for this project. Pritzl said that there is currently planning work being done and they will be getting into the programming, scheduling and schematic design and all of that is part of the 2019 money. The 2020 portion will really focus on construction. At this time everything is going as projected.

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

6. Budget Adjustment Request (19-067): Any increase in expenses with an offsetting increase in revenue.

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

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7. Response to Communication from Supervisor Schadewald regarding Birth to Age 4 Services (January 23, 2019 HS Committee meeting).

Pritzl informed his staff has responded to the communication and the response is contained in the agenda packet and captures everything the communication asked.

Motion made by Supervisor Evans, seconded by Supervisor De Wane to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

8. Executive Director's Report.

Pritzl talked about the secure residential care center for children and youth. Last month he informed there was legislation proposed to correct some of the problems and that legislation was approved. This pushes the timeline back a little bit in terms of Lincoln Hills closing and the opening of a new facility and this now has to be done by July 1, 2021.

Pritzl continued that the County still had to submit their proposal by July 1 and Brown County is one of four counties that submitted proposals. The grant committee has the opportunity to work with the counties that submitted proposals and their report is due October 1. Originally the amount proposed in the State budget was \$40 million dollars, the Governor proposed \$100 million dollars and what was finally approved was \$80 million dollars which is not nearly enough for the projects submitted. Right now counties have the opportunity to review their proposals to look at ways to get the numbers closer to what has been allocated.

Linssen asked if Pritzl has had any discussions with the administration relating to shared costs with the jail project or the footprint or anything else that may lower the scope of the project while still meeting the objectives. Pritzl said some of those conversations go back a while when they were trying to decide if this would be a facility connected to the jail or something separate and what the impact would be on jail beds. What the County has submitted is a 32 bed secure detention and 24 bed secure residential care facility which means the 15 bed pod that is currently used at the jail would be opened up for something else. Putting the facility on the jail campus would give the opportunity to work with the jail on some shared services, but it would be a stand-alone facility. This facility would provide Brown County and the region with the services that are needed.

Hoyer asked how the Brown County proposal compares to the other proposals. Pritzl said the County proposal is similar in many ways to Racine's proposal. The Dane and Milwaukee proposals are very different and not really good comparables because they are both for remodeling existing space. Hoyer understands the desire to have all of the facilities located near each other, but asked if there would be any option for renovating the current downtown facility. Pritzl responded that it would probably be hard to meet the standards of the Administrative Code for that facility.

Motion made by Supervisor De Wane, seconded by Supervisor Evans to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

9. Financial Report for Community Treatment Center and Community Services.

Motion made by Supervisor Evans, seconded by Supervisor De Wane to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

10. Statistical Reports.

- a. Monthly CTC Data.
 - i. Bay Haven Crisis Diversion.
 - ii. Nicolet Psychiatric Center.
 - iii. Bayshore Village (Nursing Home).
 - iv. CTC Double Shifts.
- b. Child Protection – Child Abuse/Neglect Report.
- c. Monthly Contract Update.

Motion made by Supervisor De Wane, seconded by Supervisor Evans to suspend the rules to take Items 10 a, ai, aii, aiii, aiv, b & c together. Vote taken. MOTION CARRIED UNANIMOUSLY

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Motion made by Supervisor De Wane, seconded by Supervisor Evans to receive and place on file Items 10 a, ai, aii, aiii, aiv, b & c. Vote taken. MOTION CARRIED UNANIMOUSLY

11. Request for New Non-Contracted and Contracted Providers.

Motion made by Supervisor De Wane, seconded by Supervisor Evans to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

Aging & Disability Resource Center – No items.

Veterans Services – No items.

Other

12. Audit of bills.

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to acknowledge receipt of the bills. Vote taken. MOTION CARRIED UNANIMOUSLY

13. Such other Matters as Authorized by Law. None.

14. Adjourn.

Motion made by Supervisor De Wane, seconded by Supervisor Linssen to adjourn at 6:37 pm. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Therese Giannunzio
Administrative Specialist

PROCEEDINGS OF THE AGING & DISABILITY RESOURCE CENTER OF BROWN COUNTY BOARD MEETING
May 23, 2019

PRESENT: Patricia Finder-Stone, Bev Bartlett, Linda Mamrosh, Mary Johnson, Mary Derginer, Randy Johnson, Dennis Rader, Eileen Littig, Megan Borchardt

EXCUSED: Amy Payne, Tom Smith, Sam Warpinski

ABSENT: Deb Lundberg, Arlie Duxtater

ALSO PRESENT: Christel Giesen, Debra Bowers, Kristin Willems, Denise Misovec, Anh Tran, Kimberly Gould, John Holzer, Mary Schlautman, Jessi Arvey, Angela VanAsten, Steph Mommaerts, Holly Kinnard, and Spencer Smet.

The meeting was called to order by Chairperson Finder-Stone at 8:30 a.m.

PLEDGE OF ALLEGIANCE:

INTRODUCTIONS:

ADOPTIONS OF AGENDA:

Ms. Littig/Ms. Derginer moved to adopt the agenda. **MOTION CARRIED.**

APPROVAL OF MINUTES OF REGULAR MEETING OF APRIL 25, 2019:

Supervisor Borchardt/Ms. Bartlett moved to approve the minutes for the April 25, 2019 Meeting. **MOTION CARRIED.**

COMMENTS FROM THE PUBLIC: None

FINANCE REPORT:

REVIEW AND APPROVAL OF APRIL 2019 FINANCE REPORT:

Ms. Bowers referred to the April, 2019 Financial Highlights and ADRC Summary Report to demonstrate the expenses and revenues for April, 2019.

MS. Littig/Supervisor Borchardt moved to approve April, 2019 Financial Highlights & ADRC Summary. **MOTION CARRIED.**

REVIEW OF DONOR DIRECTED DONATIONS REPORT FOR APRIL 2019:

There were no donor directed donations in April 2019. In April 2019, there was an expenditure for refreshments for a Purple Angel event donated by Associated Bank for that purpose the previous month.

DEPERE DINING SITE PILOT OPPORTUNITY:

Ms. Gould explained that the ADRC would like to trial a reduction in congregate service days at the De Pere Community Center. The De Pere Dining Site has experienced low congregate attendance over the past several years with little change since 2015. Just as the ADRC has evaluated low attendance and congregate nutrition needs in other areas of the county, the ADRC Outreach Specialist is placing special attention to the De Pere site. Through outreach with residents and area professionals, revitalization efforts that align with feedback received, have begun, to include:

- rebranding to 'Grant Street Landing',
- new congregate brochure registration forms,
- new signage,
- a closer partnership with De Pere Community Center staff,
- increased programming around meal time
- plans to pilot the discontinuation of current reservation requirement
- plans to pilot longer serving window

While De Pere's total congregate meals served remained unchanged for several years, the ADRC has noticed an increase in unduplicated customers, from 18 in 2015 to 73 in 2018. This indicates success in getting more people in the door; however, these customers are either not returning or dining less often. The ADRC would like to pilot a serving day reduction from Monday through Friday to Monday, Tuesday and Thursday. Currently, the site averages 4 diners on Wednesdays and 2 on Fridays. The goal is to increase the number of diners on 3 serving days in order to enhance the socialization experience of current and new diners.

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Mr. Johnson/Ms. Derginer moved to approve to pilot serving day reduction from five days to three days at the De Pere/Grant Street Landing congregate meal program/site. **MOTION CARRIED.**

IN-HOME WORKER UPDATE-PROCESS IMPROVEMENT PROGRESS:

Ms. Schlautman explained the history of the In-Home Worker program explaining that it is not a core ADRC service but was identified as a community need at the inception of the program. Ms. Schlautman explained that the workers are not employed or supervised by the ADRC. Ms. Schlautman along with a task force of ADRC employees has been evaluating the program since the retirement of the part time I&A staff worker in 2017 that was facilitating the program. Ms. Schlautman shared her findings:

- The overall number of successful matches between a customer and an IHW averaged to be only one-third.
- Two changes were made to the way matches were made during the process improvement project in an effort to increase the number of successful matches and/or to reduce the time needed for staff to manage the program. Neither resulted in desired outcomes.
- There has been an increase of home care agencies that provide services. There have been workers from home care agencies that left the agency and wanted to be on the IHW list thus leaving the agency short on caregivers. The ADRC does not wish to contribute to the caregiver shortage.
- There has been an increase in agencies that provide respite, transportation, and housekeeping services at reasonable rates for the customer. These agencies can provide the currently registered In-Home Workers the opportunity to gain other employment.
- In-Home Workers are taking more management and oversight from the transition team due to complaints, specialized scope of service requests, and frequent requests for referrals.

Additional conversation ensued.

It is Ms. Schlautman's recommendation to discontinue the In-Home Worker program at the end of 2019.

Mr. Johnson/Ms. Derginer moved to approve the discontinuation of the ADRC In-Home Worker program effective December 31, 2019. Mr. Johnson, Ms. Derginer, Ms. Johnson, Ms. Finder-Stone voted in favor (4). Ms. Mamrosh and Ms. Littig voted against (2), Supervisor Borchardt Abstained (1). **MOTION PASSED.**

DIRECTORS REPORT:

A. BOARD MEMBER CHANGES:

Ms. Giesen shared that circumstances for possible resignation of a board member due to a conflict of interest have changed since the agenda was created. This item no longer requires discussion.

B. HVAC PROJECT: NET ASSET REQUEST:

Ms. Bowers explained the reasons for the request for net assets to be released to cover additional costs of the HVAC project. Ms. Bowers explained that required roof replacement at 331 S. Adams pushed the needed amount over the committed net assets to complete the project. In addition, there were additional HVAC requests to include:

- Heating & Cooling upgrades in mechanical room
- Venting needed in kitchen and office
- Variable Air Venting throughout the building

Ms. Bowers then explained the specific need and additional cost of the mechanical room reorganization project.

Ms. Littig/Ms. Johnson moved to approve the requested range of \$75,000 to \$80,000 in net assets for HVAC project completion/additional HVAC request and for cost of mechanical room reorganization as requested. **MOTION CARRIED.**

C. POLICY REVIEW: RELEASE OF RECORDS:

Ms. Giesen explained that a new policy regarding the release of records was created. The policy assures that confidentiality is maintained and proper steps are taken when a customer or representative requests records from the ADRC. It also ensures that records of requests are properly maintained. The ADRC policy is consistent with that of Brown County.

Mr. Rader/Ms. Bartlett moved to approve the updated Release of Records Policy. **MOTION CARRIED.**

STAFF REPORT: SUPPORT TEAM-KRISTIN WILLEMS:

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Ms. Willems shared the unit vision and mission for the ADRC Support team. Ms. Willems explained that she is proud that 2 office assistants have moved into other departments within the ADRC. This is tremendously helpful to the agency as these employees bring a knowledge and understanding of the ADRC from their experience to their new positions. Ms. Willems shared unit goals, recent accomplishments and challenges. Ms. Willems then introduced the Office Assistants. Each office assistant reviewed the main duties they perform at the agency including current projects/goals and also accomplishments in the past year. The board and Ms. Giesen thanked the team.

LEGISLATIVE UPDATES-ADVOCACY DAY REFLECTIONS:

Chairperson Finder-Stone and Supervisor Borchardt attended the Advocacy Day in Madison. Supervisor Borchardt explained it was well attended with over 300 people there. Chairperson Finder-Stone shared the advocacy topics that were discussed including:

- Expansion of Dementia Care Specialist program
- Increased Specialized Transportation needs
- Medicare/Medicaid expansion
- Healthy Aging
- Need to increase in Elderly Benefit Specialists

NEXT MEETING – ADRC Board, at 8:30 AM on July 11, 2019 at 300 S. Adams St. *(Time has since been changed to 9:30 AM)*
Executive & Finance Committee Meeting/Finance 101 at 8:30 AM on June 27th, 2019 at 300 S. Adams St.

ADJOURN:

Mr. Johnson/Supervisor Borchardt moved to adjourn the meeting. **MOTION CARRIED.**

The meeting adjourned at 10:30 a.m.

Respectfully Submitted,
Kristin Willems,
Administrative Services Coordinator

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PROCEEDINGS OF THE BOARD OF HEALTH MEETING
TUESDAY, MAY 14, 2019 5:30 PM
Sophie Beaumont Building
111 N. Jefferson Street, Room E03
Green Bay, WI 54301

Present: Richard Schadewald, Cynthia Brown-Sullivan, Jay Tibbetts, Edward Morales, Cheryl Weber

Excused: Susan Molenaar, Karen Sanchez

Others Present: Erik Pritzl, Anna Destree, Ann Steinberger, Zach Kroening, Andrea Kressin, Katie Ledvina, Luceth Escandell, Erik Hoyer, Steve Deslauriers, William Acker

1. Call to Order, Welcome, Introductions

Chairman Richard Schadewald called the meeting to order.

2. Approval / Modification of the Agenda

MOTION: To modify and approve the agenda by adding 4a. Nursing Division Update

Tibbetts / Brown-Sullivan

MOTION CARRIED

3. Approval of Minutes of Meeting of March 19, 2019.

MOTION: To approve the minutes from March 19, 2019.

Cheryl Weber proposed a change in Health Officers Report to add, "Anna indicated it was the highest" after Dr. Morales' inquiry as to Level III being the highest.

MOTION: To approve the minutes as amended from March 19, 2019.

Weber / Brown-Sullivan

MOTION CARRIED.

4. Accreditation 101 Presentation

Katie Ledvina, Public Health Planner, stated she started with Brown County in February and her main objective is accreditation. The Public Health Accreditation Board (PHAB) has a set of standards, measures, and best practices they want us to meet. Katie stated there are twelve domains, which they check on for accreditation, ten of which are essential services and two, which are management and governance. Katie stated our goal is to be accredited by 2022. The reason for accreditation is that we want to get credit for the things we are doing and enhance opportunities for funding. Katie reviewed the seven steps to accreditation. She stated we are in Step 1, which is Preparation.

Katie stated it is important that Brown County Health Department personnel and the Board of Health share information regarding accreditation. Katie stated it is important that actions taken by the Board be well documented.

Ed Morales asked if performance measures are in the guidelines or is it something that the Board of Health sets. Katie stated we create our measurements.

Dr. Tibbetts thought the department was accredited in the past. Anna stated there is a 140 review process where the State makes sure we are doing what we are saying in terms of services. The State gives us the Level III designation. Anna stated it is different from the PHAB accreditation. Anna stated when we are PHAB accredited, they consider us to be at the highest standard a local health department can be and once accredited, we do not have to do the 140 review because we have already proved those standards. The 140 review is a state process and accreditation is a national process.

5. Nursing Unit Update

Ann Steinberger stated we put together a measles community engagement plan, which she handed out. Ann stated there would be a press release going out with facts on the outbreak. There will also

be an ad at the airport and posters will be sent out to health care providers and partners. We will be having a measles tabletop in June.

Ann stated communicable disease funding would be used to increase our immunization assurance so we are focusing in on HPV and measles related activities. We are focusing on STI prevention outreach supplies in bars and we will have ads on buses. We will also have bite kits put together for vector borne. We would also like to plan with our long-term care facilities with an outbreak response.

Mr. Schadewald asked if there were any measles cases in Brown County. Ann indicated there were not. Mr. Schadewald asked if we were targeting certain groups regarding measles. Ann indicated we want to make sure the medical providers are up to speed with their guidelines. She stated it is not just a matter of diagnosing but making sure they are isolated and providing contact follow up. Dr. Morales asked how many people in the State were missing their vaccinations. Ann stated nationwide it is one in 12 people. Ann stated in Brown County we are at 81% of children are appropriately immunized by age 2. Steve Deslauriers asked if we identified who the target is in Brown County. Ann stated the schools and day cares report to us their vaccinations rates and we are working with some of those populations. Ann stated that with the Minnesota Measles outbreak a few years ago we held a presentation with the Somali population. Ann stated we are working with the schools to get information out to the families. Cheryl asked if we target children who are home schooled. Ann stated we have worked with schools in the past and we provided them education. Anna stated we emphasize the medical home to build that relationship with the providers and hope they may be more likely to get those vaccinations in those cases.

6. Environmental Unit Update

Zach stated August 19 through August 23, all sanitarians, including Zach, will be taking a lead training. This training will allow us to use the XRF machine. Zach stated we are getting ready for licensing season. Mr. Schadewald asked what the projected revenues versus expenses are in regard to the tourist rooming homes. Anna stated we would bring that number to the next meeting. Zach also stated we have the STR helper to help us find them.

7. Community Engagement Unit Update

Andrea stated we are moving toward accreditation. Andrea stated we have a draft of our Quality Improvement Plan and she will bring to the next meeting for input from the Board. Andrea stated we had our first stakeholder meeting, regarding the home visitation program to assess the need in the community and how we fit into the larger picture. The second stage is incorporating more community partners in the conversation and that meeting should be happening in the next month. Andrea stated once we have a summary, we would bring it to the Board to share our findings and recommendations. Andrea stated the annual report should be available mid-year for feedback. Andrea introduced Public Health Educator Luceth Escandell who will be working on the hearing and vision program. Luceth is also working on quality improvement initiatives. Andrea stated the Hearing and Vision nursing position is open and we will hire that the beginning of August.

Andrea stated as part of our Health and Human Services collaboration we have been looking for dollars to help with substance abuse issues. We received some dollars for the Alliance for Wisconsin Youth grant and we were able to get a permanent drop box installed at the Community Treatment Center, which is the first non-municipal community drop box.

8. Health Officer's Report

Anna stated one of our 2019 budget initiatives was to perform a time study and it kicked off this week. Anna handed out a document entitled "Governor Evers' Budget" from the Wisconsin Department of Health Services which shows where the funds go. Anna stated at the last WAHL DAB she learned about a media award where they recognize someone who has helped get the voice of Public Health out in the community. Anna stated Doug Schneider has helped us with key public health messaging and Anna nominated Doug for the WPHA Media Award and Doug was chosen as the recipient.

Anna stated the feedback we got back from the State of Wisconsin after our 140 review was that at the Board of Health meetings there should be some kind of action taken on agenda items so the action is recorded in the minutes. An example would be a motion to receive and place on file.

Mr. Schadewald asked if the Health Department was spending the AWY funding or was it being spent on contractors. Andrea stated the AWY funding is Alliance for Wisconsin Youth and there was an additional \$2,000 available to spend for substance abuse related issues. Mr. Schadewald wanted management to think about if Brown County was contracting out things, could Public Health do it if they had the staff. He also stated to look if we were duplicating services in contracted services. Erik Pritzl stated Tyler Luedke does presentations in schools and instead of contracting that, we did it internally. Mr. Schadewald would like us to look at items we are currently contracting out for services and whether they can be done in house.

Dr. Tibbetts would like to give Doug Schneider the WPHA award and write a commendation for the next meeting.

Dr. Tibbetts asked the status of the car seat program. Andrea stated we are collaborating with other community agencies to meet the needs of the community without public health providing all appointments. She stated we are in partnership building mode; working with the fire departments, the Center for Childhood Safety and other agencies to provide education and installation assistance. Andrea stated we are currently working with Bellevue Fire and Howard Fire Departments where we have off site clinics, twice a month. Mr. Schadewald asked if the hospitals provide car seats. Andrea stated parents are expected to have a car seat when they arrive at the hospital but it is not a law to have it professionally installed by a certified technician. Andrea stated hospital staff link families to programs. Mr. Schadewald asked how this relates to the Welcome Baby program that we contract out. Andrea stated in terms of injury prevention, we provide resources and materials to families while they are in the hospital. Our follow-up with the family is as needed. Mr. Schadewald asked if we have used car seats. Andrea stated for liability purposes, we do not distribute second-hand car seats.

Mr. Schadewald asked if we meet families in the hospital. Andrea stated we do not meet the family. We work with the coordinators of the Welcome Baby program to make sure that information and education is provided. Mr. Schadewald asked how many referrals we get through that program. Ann Steinberger did not have the exact number but stated we receive about 10 to 20 per month from multiple agencies referring mothers to us. Andrea stated the Welcome Baby program is a way of connecting with families with multiple resources, not just a car seat. Dr. Morales asked if there was a way to work this into a performance type project. Andrea stated that is a direct goal of accreditation and as we put those systems in place we will be able to provide reports. Mr. Schadewald asked how much does the Welcome Baby cost. Erik Pritzl stated he thought the County Board gave money to Welcome Baby one year. He stated last year they did not come back and ask for additional funding because Human Services funded a slice and they got other funding from other sources. Erik stated it is a community effort to make sure Welcome Baby as a universal screening gateway was preserved. Erik stated they did come back the second year for more money.

Dr. Tibbetts asked Anna about the group put together to discuss wind turbine issues and did she have an update. Anna stated the group had a tough time outlining what they wanted to achieve. She believed they had a meeting but she was unable to attend due to another meeting.

MOTION: To receive and place on file

Brown-Sullivan / Morales

MOTION CARRIED

9. Public Health Legislation – Standing Item

Anna stated Representative Gordon Hintz introduced a bill to increase immunization rates and reduce the spread of infectious disease. Anna stated he is looking at the personal conviction waiver and the potential to have that removed.

MOTION: To receive and place on file

Weber / Brown-Sullivan

MOTION CARRIED

10. Receive New Information on Wind Turbines – Standing Item

Steve Deslauriers stated there were three resolutions at the county board level in support of the Board of Health's actions.

Mr. Deslauriers read the "Resolution Regarding: Health Risks Posed by Wind Turbines" from the July 21, 2010 Board of Supervisors meeting.

TO THE HONORABLE CHAIRMAN AND MEMBERS OF THE BROWN COUNTY BOARD OF SUPERVISORS
Ladies and Gentlemen:

WHEREAS, Brown County has established a Board of Health pursuant to Wis. Stats.

§251.03; and

WHEREAS, Wisconsin Statutes give the Board of Health responsibilities to: "Develop policy and provide leadership that fosters local involvement and commitment, that emphasizes public health needs . . ." and to ". . . assure that measures are taken to provide an environment in which individuals can be healthy" Wis. Stats. §251.04 (6)(b) and §251.04 (7); and

WHEREAS, the Board of Health met on May 25, June 8 and June 15, 2010 to collect and consider information from various sources including the following:

- 1) Statement on health and safety of existing installations from Invenergy, LLC (Sponsor of Ledge Wind project proposed for rural Brown County);
- 2) A review of available literature on health concerns associated with Wind Turbines presented by the Wisconsin Department of Health Services;
- 3) The proposed regulations (5/17/10 Draft) of Chapter PSC 128, the Wind Siting Rules presently being considered by the Public Service Commission of Wisconsin;
- 4) Various studies from throughout the world on the health effects of wind turbines and guidelines from the World Health Organization;
- 5) Statements from Brown County Citizens for Responsible Wind Energy;
- 6) Presentations from Bill Hafs, Director of the Brown County Land Conservation Department and Kristin Morehouse, P.E. from Brown County Citizens for Responsible Wind Energy on the contamination threat construction of wind turbines and installation of necessary underground cables pose to the well water consumed by residents in rural areas of Brown County where the bedrock has Karst features;

and
WHEREAS, the Board of Health has identified issues of concern for the health of Brown County residents including noise from wind turbines causing health problems for persons in occupied structures and a concern installation of wind turbine systems may result in well water contamination where Karst features in the bedrock are conduits for surface water run off; and

WHEREAS, the Board of Health has made recommendations to the Board of Supervisors it believes are important to the health of county residents.

NOW, THEREFORE, BE IT RESOLVED that the Brown County Board of Supervisors does hereby adopt the recommendations of the Board of Health as follows:

- 1) Wind turbines should be placed such that sound outside of any occupied structure be measured at no greater than 40 decibels at night;
- 2) Required set back placements should be a minimum of 2,640 to 3,168 feet from an occupied structure;
- 3) Wind turbines should not be installed in areas of southern Brown County where Karst features in the bedrock have been identified because of the contamination threat posed to the residents' drinking water supply;
- 4) The Board of Supervisors recommends no wind turbines be constructed in unincorporated areas of Brown County until Chapter PSC 128 Wind Siting Rules are enacted and in force.
- 5) Request that the Public Service Commission delays approving the PSC wind siting standards until all epidemiological studies of health complaints from Wisconsin current wind farms are thoroughly completed.

BE IT FURTHER RESOLVED that copies of this resolution be forwarded to Brown County representatives serving in the Wisconsin Legislature and the Public Service Commission of Wisconsin.

Respectfully submitted,

BROWN COUNTY BOARD OF HEALTH HUMAN SERVICES
COMMITTEE

Mr. Deslauriers stated about the reference to PSC 28, that process was interrupted because the (JCRAR) Joint Committee for the Review of Administrative Rules voted to suspend the rules because of the possibility of a health issue.

Mr. Deslauriers stated in Southern Brown County, because they are on the top of the ledge, they have issues with well contamination. He stated the concern of consultants and professional engineers was the construction, boring, and connection of these turbines, one to the other, and to the substations underground, together with the vibrations from the turbines themselves, could pose a threat because they have a lot of manure spreading in his area. He stated they already have issues with the wells. Mr. Deslauriers read the following from the "Resolution Regarding Requesting that the Public Service Commission of Wisconsin Include Considering the Impact on Groundwater due to Construction in Karst Regions of Brown County as part of their Review of the Ledge Wind Energy LLC (Invenergy) Wind Energy Projection Application" dated July 29, 2010.

NOW, THEREFORE, BE IT RESOLVED that the Brown County Board of Supervisors respectfully requests that the Public Service Commission of Wisconsin review the Invenergy application for the wind farm in Brown County and require that Invenergy use proper engineering construction methods around wind turbine footings, access roads, and buried power cables to prevent additional conduits of groundwater from being created; and

BE IT FURTHER RESOLVED THAT the Brown County Board of Supervisors respectfully requests that the Public Service Commission require Invenergy to communicate and provide information regarding the specific location of all Karst features encountered during construction for the proposed wind energy project to the Brown County Land and Water Conservation Department and the Wisconsin Department of Natural Resources (DNR) to help regulate the land application of animal wastes by the Brown County Land and Water Conservation Department and industrial, septic, and municipal wastes by the DNR; and

BE IT FURTHER RESOLVED THAT Brown County respectfully requests that the Public Service Commission require Invenergy to provide funds for a Brown County staff person to be hired to work with Invenergy and residents in the wind farm region during the construction phase of the project regarding location and identification of Karst features; and

BE IT FURTHER RESOLVED THAT this staff person will continue to work in the wind energy project area, throughout the lifespan of the project, with land application of animal waste setbacks, nutrient management, and coordination of other land application of industrial wastes, municipal wastes, and septic wastes with the DNR to prevent future groundwater contamination problems.

Respectfully submitted,

LAND CONSERVATION SUBCOMMITTEE PLANNING,
DEVELOPMENT & TRANSPORTATION COMMITTEE

Mr. Deslauriers stated all these resolutions came through the Board of Health, Human Services and ultimately ended up at the Board of Supervisors and all were unanimous reaffirmation of what the Board of Health did. He thinks it is important as the Board of Health moves forward and they have support at the County Board level.

Mr. Deslauriers read the "Resolution Requesting Emergency State Aid for Residents of the Town of Glenmore Harmed by the Siting of Industrial Wind Turbines in Close Proximity to their Homes," dated February 20, 2012.

TO THE HONORABLE CHAIRMAN AND MEMBERS OF THE BROWN COUNTY BOARD OF SUPERVISORS
Ladies and Gentlemen:

WHEREAS, in 2009 the Wisconsin Legislature established the Wind Siting Council within the Public Service Commission and gave the Council and the Commission the responsibility to promulgate rules that specify the restrictions a political subdivision may impose on the installation of a wind energy system and required the rules to include setback requirements that provide reasonable protection from any health effects associated with wind energy systems; and

WHEREAS, the Legislature required the Wind Siting Council to include a member of the University of Wisconsin System faculty with expertise regarding the health impacts of wind energy systems but the Public Service Commission failed to appoint a member with the required expertise; and

WHEREAS, the Wind Siting Council did make recommendations to the Public Service Commission and the Commission did promulgate proposed regulations: Wind Siting Rules (Ch. PSC 128); and,

WHEREAS, the Joint Committee for the Review of Administrative Rules (JCRAR) of the Legislature suspended these proposed rules on March 1, 2011 "on the grounds that the contents of Ch. PSC 128 create an emergency relating to public health, safety, or welfare; are arbitrary and capricious; and impose an undue hardship on landowners and residents adjacent to wind turbine sites; and

WHEREAS the State of Wisconsin has failed to remedy this "emergency relating to public health, safety, or welfare" by carrying out the mandate of 2009 WISCONSIN ACT 40; and,

WHEREAS the State's failure to enact wind siting rules that protect human health and safety, has allowed development of the industrial wind project known as Shirley Wind LLC to be constructed in the Town of Glenmore, Brown County, Wisconsin (dedicated November 2010); and

WHEREAS Shirley Wind LLC ~~has created~~ purportedly have "an environment that ~~has~~ may have " resulted in the very same "undue hardships" that the JCRAR suspension of Ch. PSC 128 sought to prevent. These "undue hardships" have purportedly "forced two families to vacate their homes to regain their health and continues to ~~force~~ possibly cause " at least two other families to suffer adverse health effects significant enough that they seek refuge away from their homes but do not have the financial ability to temporarily relocate; and

WHEREAS the Brown County Board of Supervisors has in the past, and continues to, advocate for the health and safety of Brown County families.

NOW THEREFORE, BE IT RESOLVED that the Brown County Board of Supervisors requests the State of Wisconsin furnish temporary emergency financial relocation assistance to those Brown County families that are suffering adverse health effects and undue hardships that we strongly believe " caused by the irresponsible placement of industrial wind turbines around their homes and property in the Town of Glenmore. The State of Wisconsin emergency financial assistance is requested until the conditions that have caused these undue hardships are studied and resolved allowing these families to once again return safely to their homes and property.

Cheryl Weber asked about the first resolution read whether the Town of Glenmore is in compliance or not. Mr. Deslauriers stated Shirley Wind is very much the perfect storm. He stated they have almost the largest wind turbines in the country with amongst the shortest setbacks. The Town regulated it when it was built. It does not absolve the County from dealing with the health issues because they do not have a health department, they do not have a Board of Health so the County is on the hook for their bad decision-making. Mr. Deslauriers stated the Town has very specific and protective wording in both the (CUP) Conditional Use Permit and the ordinance in the Town. They have refused to enforce the very clear standards in their ordinance. Mr. Deslauriers stated there is liability and concern and what he would consider dereliction of the Town Board's duty in Glenmore for the siting problems and not enforcing their clear protective wording.

Mr. Schadewald stated the County was not able to set the standards because the State took control. Mr. Deslauriers stated in Shirley Wind's case that was before the State standards. Mr. Schadewald stated Brown County never had control. Mr. Deslauriers stated the Resolution defining the standards was in 2010 before the turbines went live. The Board of Health had gone through the Invenrgy project and the Shirley Wind Project and had determined what was, in their opinion, safe siting standards for a turbine so that Resolution was passed and adopted by the Board of Supervisors. There is no teeth to it because it is not countywide zoning here. Mr. Deslauriers stated it was a strong message but it does not have much teeth.

Cheryl Weber asked if all the resolutions were in 2010. Mr. Deslauriers stated it was in 2010 and 2012. Mr. Schadewald stated there were other Resolutions, one to give Rick James money and there are more. Mr. Schadewald stated his point is the Brown County Board of Supervisors has supported the Board of Health; it is just the idea of who has the power to do what. Mr. Deslauriers stated do not underestimate the Board of Health's statutory authority to make policy for the Health Department.

William Acker, 327 Nicolet Drive, Green Bay, submitted a document entitled *"Blurred Vision, Eye Fatigue & Blindness Caused By Wind Turbine Pressure Pulsations In the Inaudible Infrasound Range,"* dated May 12, 2019 by William G. Acker. Mr. Acker read directly from the document submitted as follows:

"For many years I and Dr. Jay Tibbetts have been investigating wind turbine noise and its effects on the eye. What we have learned over the years is that these Industrial Wind Turbines are producing significant pressure pulsations in the Infrasound Noise Range (Infrasound is from 0 Hz to 20 Hz). The infrasound noise tests for these Industrial Wind Turbines show significant pressure pulsations in the 0.40 Hz to around 6.0 Hz. To hear this noise, the noise would have to be above around 115 dB according to the Human Threshold of Hearing studies, which is above the tested noise levels from the wind turbines. In recent years, however acoustical engineer Steve Cooper has been able to test not just the Threshold of Hearing but also the Threshold of Perception. Cooper used 9 sensitized people who lived near the Cape Bridgewater Wind Farm. In this study all nine participants could sense the wind turbine noise even though that noise was below the Human Threshold of Hearing, in other words they were sensing the noise. This is very similar to what was experienced by Allisa Ashley the daughter of Darren & Susan Ashley who lived near the Shirley Wind Turbines. At the Ashley home you cannot see the turbines from inside the home and a lot of the time there was no audible noise. Allisa was able to sense, when a wind turbine started up or shut down without looking outside, and without any audible noise. This is covered in a You Tube Video, produced on Dec. 22, 2011 by Jim & Barb Vanden Boogart, called " Shirley Wind Project - The Unvarnished Truth, Shirley Wind Project Victims Speak Out."

In the appendix of this report, Appendix A shows the test results from Shirley Wind which illustrates the Infrasound Pressure Pulsations from the Shirley Turbines starting with the first pulsation at 0.70 Hz, and followed by Harmonic pressure pulsations at 1.4 Hz, 2.1 Hz, 2.8 Hz, 3.5 Hz and 4.2 Hz. The pressure pulsations from peak to trough get up to 16 dB which is some of the highest pulsations I have seen in noise testing. Appendix B shows a similar test of the Falmouth Massachusetts Wind Farm which in a court case has been ordered to be taken down. The Shirley Wind Turbines will experience a pressure pulsation around every 1.43 seconds which would result in 60,479 pulsations in a day if the turbine runs all day long.

If you include the 5 harmonic pressure pulsations that occur after the initial pressure pulsation, that would mean 362,874 pulsations in a day from just one wind turbine.

These pressure pulsations are coming from the Wind Turbines because when they shut down the pulsations disappear from the noise analysis.

Over the years I and Dr. Tibbetts have been studying the health effects experienced by Dave and Rosemary Enz who had to leave their home due to their severe illnesses experienced at their home near the Shirley Wind Turbines. One area of our focus has been on Dave's blurred vision when the wind turbines are

operating. We believe that Dave's blurred vision is the result of eyeball vibration caused by the Wind Turbine pressure pulsations. There are many other people who have experienced the blurred vision including Acoustical Engineer Robert Rand who experienced this during the testing of Shirley Wind, a study conducted by four Acoustical Engineering Firms, and paid for by the Wisconsin Public Service Commission. This Dec. 24, 2012 Shirley Wind Report said the following:

"The four investigating firms are of the opinion that enough evidence and hypotheses have been given herein to classify LFN and Infrasound as a serious issue, possibly affecting the future of the industry".

Over the years there has been much investigation into vibroacoustic disease caused by resonance vibration of body parts. Many parts of the body reach resonance at 4.0 Hz to 20 Hz or in other words in the Infrasound Range. Also research studies have shown that there is a resonant frequency of the whole body which occurs at 5 Hz which is in the range of the harmonic pressure pulsations mentioned on page 1 of this report. You should also know that many of the studies on the negative health effects are primarily focused on the pressure pulsations in the Infrasound Range. There is however some sights that also have problems with the higher frequency component of the noise called the swish noise. The swish noise problems can be heard on many You-Tube Videos on the Internet. Dr. Tibbetts and I are convinced that Dave Enz and many other people, including acoustical engineer Robert Rand, have blurred vision due to these pressure pulsations.

Recently Dr. Tibbetts and I became aware of an acoustical engineer who experienced blindness in one eye after testing a Wind Farm. This person went to any Eye Doctor who diagnosed him with eye fatigue, and thus gave him eye exercises to do. Three weeks later his vision returned.

Since there are few investigations into the effects Industrial Wind Turbines have on the eye, I like to look at the effects on animals. Also animals cannot experience a placebo effect (a case where a person hears about health problems and thus thinks himself sick). A family Joe & Cindy Cobb and their Son Erick live near a Wind Farm called the Golden West Wind Energy Center in El Paso County Colorado. This Facility is made up of 145 Turbines that are 1.72 MW/each and stand 425 ft tall. This family has wind turbines on three sides of their home, on the North Side, West Side and East Side.

The Cobb's have raised ducks on their property for 36 years with no incidents of blindness until the Wind Farm started up on Sept. 17, 2015. After start up the Cobb's Muscovy male duck had one eye turn white in one eye, and then later the other eye turned white resulting in total blindness. Cindy noticed that the duck was frequently running into things, later the eyes dried up and in 2018 the duck died. Then a snowy call duck went blind in both eyes and then five other ducks went blind in one eye. So Cindy had 7 ducks out of 30 ducks that have experienced blindness from 2015 through 2018 (period of 3 years and 3.5 months).

Bill Acker submitted for the record, Appendix A-G which shows various pictures of the ducks. Mr. Acker continued reading his submitted document.

In addition to the cases of duck blindness the Cobb's were told by their Farrier (a blacksmith who specializes in shoeing horses) that a neighbor had to put their horse down after it went blind in both eyes. The Farrier said the this large horse could not handle the blindness, so they put the horse down. Jeff & Sandy Wolfe who also live in this community have seen blindness occur in their cows and donkeys since the wind turbine start-ups."

Mr. Acker stated pressure pulsations from first industrial wind turbines is very well known. The very first case was when the United States Energy Center developed the first industrial wind turbine and Dr. Neil Kelly and his co researchers at the Solar Energy Research Institute noticed that that wind turbine was causing annoyance and health problems in the people that lived near the wind turbine. Mr. Acker submitted a list in his document of all the government agencies, engineering societies and so forth that were involved in this project and also involved in the analysis of the problems that had occurred. Mr. Acker continued to read from his document.

This group developed a 2.0 MW wind turbine called MOD-1 which was built on on Howard's Knob near Boone North Carolina. When this turbine started up on July 11, 1979, dozens of families living within 1.86 miles of the site complained of headaches, ringing in the ears, insomnia and dizziness fatigue (similar symptoms experienced by the Cobb's in Colorado and the Shirley Wind Residents (like the Enz Family) in Glenmore Wisconsin. This MOD-1 Wind Turbine produced an annoyance described as an intermittent "thumping" sound accompanied by vibrations. In research supported by the US Dept. of Energy, Dr. Neil Kelly and his colleagues in 1987 identified impulsive Low Frequency and Infrasound Noise. These Boone North Carolina families had similar experiences to the families in Colorado and Wisconsin. What is also important is that these families could not have experienced a placebo effect

(where people think themselves sick because they heard about wind turbine illnesses), because there was no knowledge of wind turbine illness at that time. The tested noise was found to have a significant Low Frequency & Infrasound component, in fact the highest noise levels were down in the Infrasound Range. Sensitization or conditioning was acknowledged (in the Boone Study) in simple terms people did not get used to the sound energy but became more sensitized to it with cumulative exposure (similar to the Enz Family experiences). What was clearly established was the perception of the sound energy was well below the audibility thresholds for hearing in the infrasound range. In other words people could feel the sound pressure or vibration (much like Allisa Ashley's experience in Glenmore Wis.)"

Bill Acker stated he did a comparison of the wind turbines at the Boone, North Carolina facility to Shirley Wind and Golden West so that you can see the comparisons are very similar (inserted).

	Boone Carolina	North	Golden West	Shirley
1. Max. Electrical Output	2.0MW		1.72 MW	2.5MW
2. Hub Height	140 ft.		26 ft.	328 ft.
3. Rotor Diameter	200 ft		338 ft	328 ft.
4. Total Height	240 ft		432 ft	492 ft
5. Number of Blades	2		3	3
6. Blade location Relative to Tower	Downwind		Upwind	Upwind
7. Rotation Speed	35 rpm			9.6 to 16.8
8. Cut in speed	13.42 mph		6.71 mph	6.71 mph
9. Cut out speed	40.26 mph		51.45 mph	44.78 mph

"Wind Industry claims that the NASA Boone North Carolina noise & health problems are different than today's turbines because they were downwind turbines yet the health impacts and the noise problems are the same."

Mr. Acker stated at the Cobb residence they have had numerous animal deaths which is contained in his submitted report. Mr. Acker read from his submitted report.

The Cobb's also raise mini donkeys and have been doing so since 2002. Normally they would have 3 baby donkeys a year before the Wind Farm startup on Sept. 1 7 2015. In 2015 they did have 3 baby donkeys but in 2016 they only had one baby Donkey. In 2017 they had one baby donkey and in 2018 they had no baby donkeys. There is something going on to cause this to occur. They have 2 heifers and a 2 year old cow, all breeding age that are also not breeding. Since the turbines have started up the Cobbs have lost 60 animals.

The significant death of animals not just at the Cobb residence but throughout the world are warning signs of the health problems much like the canaries in birdcages used in coal mines. In my opinion the deaths are caused by body vibration commonly called vibroacoustic disease. Vibro Acoustic Disease is largely unheard of, where internal organs have been damaged by Infrasound & Low Frequency Noise. Pilots, air stewards and people working on ships and submarines develop a hardening in their internal organs related to the vibration brought on by infrasound..

Bill Aker stated the human health problems at the residence for Cindy Cobb, Joe Cobb and Eric Cobb includes dizziness, nausea, loss of sleep, headaches, lethargy, high blood pressure, rapid heartbeat and panic attacks. Bill Acker continued reading from his submitted document.

"In today's hurry-hurry life style stress runs rampant. As stress builds, our bodies react, we gain weight and belly fat, our blood and blood pressure rise and we feel tired all the time, often battling depression. And all of that stresses us more. We then need to decrease stress to get normal again. More specifically, we need to lower cortisol levels in our bodies. Cortisol is a hormone released by our adrenal glands when we feel stressed, so our body is on alert and ready to battle. That's why it's called the stress hormone. Cortisol is a good thing. It helps us think quickly in times of danger. The

more stress we feel, the more cortisol is released. However, our bodies weren't designed to be under constant stress. Constant high levels of Cortisol can cause Non Alcoholic Fatty Liver and or Cushings Syndrome.

Many family members living near the Golden West Wind Energy Center in El Paso County Colorado (near the town of Calhan) are experiencing very high Cortisol Levels that are 5 times higher than normal. High levels of Cortisol can lead to Fatty Liver and or Cushings Syndrome. Cindy & Joe Cobb

live near this wind farm. Cindy told me that their postman was diagnosed with Non Alcoholic Fatty Liver. So the postman quit his job and moved away from the turbines and the Fatty Liver went away.

Jeff & Sandy Wolfe who also live near the Golden West Energy Center experienced many health problems and animal health problems. When their pet dog died they had a necropsy (autopsy for animals) done which identified that the dog's organs were swollen and that the liver failed. Jeff then went to his doctor only to find that his liver had expanded. The Wolfs have had 5 pet dogs die that were not elderly dogs and the Cobb's have lost three of their pet dogs.

Both Cindy & Joe Cobb have developed lipoma on their backs between their shoulder and spine. Lipoma is a benign tumor made of fatty tissue. They are generally soft to the touch, movable and painless. They usually occur just under the skin, but occasionally may be deeper. Most are 5 cm in size and are usually found in the upper back, shoulders and abdomen. These Lipoma's started to appear after the Turbines started up, but we are not sure what might be the cause. Some of their mini horses also have Lipoma.

Mr. Acker submitted and read a document entitled "Review of July 10, 2018 Brown County Board of Health Discussion Between Jim Crawford & Anna Destree," dated May 14, 2019 by William G. Acker.

"Jim Crawford stated Anna's predecessor thought wind turbines were not a human health hazard and asked Anna if it met the State's definition of a human health hazard. Anna stated multiple reviews and studies have been done and at this time, it does not fall to the level of an imminent human health hazard. Anna states they define an imminent human health hazard as something that can cause imminent bodily injury or death and at this time, it does not fall to that level."

Mr. Acker stated in the Public Health Nuisance Code, Chapter 38 there are two other sections of that Code that covers other areas of imminent human health hazard.

Mr. Acker stated public nuisance is a thing, act, condition or use of property which continues for such length of time as to: substantially annoy, injure or endanger the comfort, health, repose or safety of the public or to cause, or is known to have the potential to cause, a serious health hazard; and in any way render the public insecure in life or in the use of property. Mr. Acker stated human health hazard means a substance, activity or condition that is known to have the potential to cause acute or chronic illness or death if exposure to the substance, activity or condition is not abated.

Mr. Acker stated immediate human health hazard is a condition that exists, or has the potential to exist, which should, in the opinion of the Health Officer, be abated or corrected immediately or at least within a 24-hour period, to prevent possible severe damage to human health or the environment. He stated the section Anna was citing is the most imminent of the other two sections but we do have the other two sections in that ordinance that can be used to protect the people. Mr. Acker stated there were two other sections to this code that also applies to this. He stated annoyance is a big issue with wind turbines but he personally believes that there is a significant health hazard due to the pressure pulsations. He hopes in the near future to try to come up with some actual medical tests to prove the associations to some of the things he has spoken about.

Cheryl Weber stated at the last meeting a link was provided for YouTube videos, which she watched, and she thinks they were from 2011 and 2013 and she wondered how the families are doing now. Barbara Vanden Boogart stated she is in contact with them and they are still suffering. Barbara talked about Jean Tenor. Barbara stated she applauds the action of the Board in the past making the declaration, and no action has been taken to stop the exposure, which cannot be stopped by any barrier whatsoever being erected. Barbara stated as long as the turbines operate they will emit ILFN. She stated over 20 homes have been tested in the Shirley Wind Project that document the emissions to be within the nausogenicity range established by the Navy. This is known substance that causes set of symptoms. Barbara stated Stephen Cooper's study, which was a blind study of 18 people, proved direct causal link. Barbara stated NASA did ten years of studies proving it and they informed the wind industry. A 2012 study done by our State government with four acoustical firms established emissions in that range in the Shirley Wind study here in Brown County. Barbara stated Shirley Wind is one of the three most studied projects in the world. All of the scientific study supports impact on them. The only way to stop harm to those individuals is to

stop the emissions. Barbara stated from her perspective if these individuals were living in the city, in Green Bay, there would be no tolerance for this long period of inaction to protect them. The individuals in Shirley Wind pay their taxes and deserve the same protection and they have not received it.

Mr. Schadewald stated there was also a forum at Bay Port and many of these people attended which is also on YouTube. He stated this Board in 2014 did declare it a human health hazard and then we voted to reaffirm it three years ago. Dr. Tibbetts would encourage members to read 2014 Board of Health minutes.

Mr. Deslauriers stated he interacts with these people as well and a few of them are his friends. They continue to sleep in their basement to get some sort of relief. They have seen their primary care physicians and some of them are medicated to deal with the symptoms. When they go away from the site, those symptoms subside, when they come back, they are recreated. Mr. Deslauriers says he is impacted inside one of the homes. Outside the home, not so much, but inside the home he would consider it torture. Mr. Deslauriers stated these people have come forward, devaluing their homes and making their homes a toxic site essentially, allowing their medical record to be public. He states they are doing everything they can to be open, honest, and ethical and not sell it to another person without telling the truth. Mr. Deslauriers would not wish their fate on anyone and these are people who did not care one way or the other whether these turbines were built. Mr. Deslauriers states the peer reviewed science that he has read links levels of infrasound to human health impacts that mimic what is happening here. He states we have so much acoustical data from Shirley Wind because it is the largest turbine with the closest proximity to homes. He stated it is the perfect storm that is why so much study has been done here. He stated we know what the emissions are, at the levels they are, and peer reviewed science points to that being harmfully impactful to people. He states the politicians that spout the same callous things about people faking it and he would say bring your loved ones out there. You are forcing these people to endure and no politician or community leader has taken him up on that. If you are willing to impose this situation on these people, who did not ask for it, and are dealing with all these symptoms, before you start talking as an expert in the public eye come out and experience it yourself. He stated some of our County government has been out there and he is thankful for it.

Steve Deslauriers stated at the Bay Port meeting, Tammy from Duke Energy said this was the only wind farm we are having problems and complaints. He stated at that very moment they were in a court battle with the hosts of their turbines in Texas who are suing them for the same conditions that are being imposed here. He stated Tammy patently lied of that situation.

Mr. Schadewald stated there was a mink farm that closed in Scandinavia.

Barbara Vanden Boogart stated that while those families abandoned their homes, they purchased someplace else to live, they are paying their second mortgage hoping that the County will restore them to their home. There was a third family that had to move out with a small child. Barbara stated there have been many families who have moved away. Cheryl asked if the people that have bought those homes are they also experiencing issues. Barbara indicated some were. Bill Acker stated some people do not experience illness. He knew one woman whose entire family got sick and she did not experience anything until three or four years later. He said some become more sensitized to infrasound.

MOTION: To receive and place on file

Tibbetts / Schadewald

MOTION CARRIED

11. **Correspondence**
None
12. **Comments from the Public**
None.

13. All Other Business Authorized by Law

Mr. Schadewald asked if press releases are sent by Anna and Erik to just him or to all the Board of Health members. Anna indicated at this time they are only sent to Mr. Schadewald. Mr. Schadewald asked if he should then forward to other Board members. Erik stated there is a message on the bottom about having a quorum. Mr. Schadewald said he would forward but instructed members not to reply because that could constitute a quorum.

14. Adjournment / Next Meeting Schedule

July 16, 2019 5:30 PM at Sophie Beaumont

15. Motion to adjourn

Tibbetts / Brown Sullivan

PROCEEDINGS OF THE BROWN COUNTY HUMAN SERVICES BOARD

Pursuant to Section 19.84 Wis. Stats, a regular meeting of the **Brown County Human Services Board** was held on Thursday, July 11, 2019 at Health & Human Services; Sophie Beaumont Building; 111 North Jefferson Street; Boardroom A; Green Bay, WI 54301

Present: Supervisor Tom Lund, Chair
Vice Chair Paula Laundrie, Craig Huxford, Susan Hyland, Laura McCoy,
Supervisor Alex Tran

Excused: Supervisor Aaron Linssen

Also Present: Erik Pritzl, Executive Director
Jenny Hoffman, Community Services Administrator
Eric Johnson, Finance Manager
Samantha Behling, Interim Hospital & Nursing Home Administrator

1. **Call Meeting to Order**
The meeting was called to order by Supervisor Lund at 5:15 p.m.
2. **Approve / Modify Agenda**
LAUNDRIE / HYLAND moved to approve the July 11, 2019 Agenda. The motion passed unanimously.
3. **Approve Minutes of May 9, 2019 Human Services Board Meeting**
HYLAND / McCOY moved to approve the minutes dated May 9, 2019. The motion passed unanimously.
4. **PUBLIC HEARING ON 2020 BUDGET**
The Public Hearing was opened at 5:16 p.m. At this time, no members of the public desired to speak. Supervisor Lund closed the Public Hearing at 5:17 p.m.
5. **Executive Director's Report**
 - a. June 2019 – Report was included with the Agenda Packet.
 - b. July 2019 – Executive Director Erik Pritzl provided a verbal update to his June 2019 report by discussing the following:

Secure Residential Care Center for Children and Youth (SRCCCY)

Brown County did submit a proposal as a county. We have been working extensively with staff from the Sheriff's Office for a replacement for Lincoln Hills/Copper Lakes Youth Corrections. Our submitted proposal is for a 24-bed secure residential care center for children and youth and a 32-bed secure detention facility. Currently, secure detention is in a 15-bed unit at Brown County Jail. Under this proposal, those 15 beds would be removed from the Jail.

The cost estimate for construction, non-construction and contingency funding was \$43M. The annual operational costs for this facility are estimated at \$7.2M. Giving us daily rate calculations of \$688 for the secure residential care center and \$175 for secure detention.

This was all submitted to the Grants Committee by July 1, even with the change in legislation, it did not change the deadline. The Grants Committee now has until October 1 to work with the submitted county proposals. There were four submitted proposals to the State — Dane, Racine, Milwaukee and Brown; north of the Madison/Milwaukee line, we are the only facility.

LUND: How much money was put in the (State) budget for the facilities? Because it originally was about one quarter of what was needed.

PRITZL: Enough for one (facility).

LUND: Enough for one, but not for four.

PRITZL: No, and there is still not enough. I think the total is \$80M with the changes made to legislation. That is still not covering all the proposals that were submitted.

HUXFORD: Did they put off the closing for another year or two years?

PRITZL: It got pushed back six months; this has to be operational by July 1, 2021. We have been able to work with an architectural firm that has been involved in design in other places, so they have given us a lot of good information to do our estimate. Once we get past this rough estimate phase, we are probably going to have to invest some funds to potentially work with somebody to refine this.

LUND: We are not going to invest any funds until we get the funding from the State, right?

PRITZL: Not until they tell us we are actually a good candidate for a facility.

LUND: I assume we (Brown County) are not going to have to take out a loan for this facility; the State is going to fully fund it.

PRITZL: 95%.

LUND: So we would fund 5%; and we can fund that out of the half-percent (sales tax)? Or do we have enough money...

PRITZL: There are discussions about how we would fund that when the time comes. There are some parts of this that would be 100% funded if they house females. So the portion that's used for female youth would be at 100% funding, so we would need to carve that out. But we would have to find approximately \$2M.

LUND: All the facilities would be duplicated if we have females? Like we would have to have separate eating areas...everything would need to be separated?

PRITZL: Not eating areas; eating and recreation, classrooms... those can be together. However, you cannot mix secure detention kids with the residential care correctional kids. So you can have some shared spaces, but you cannot co-mingle populations; male and female can share some areas, not sleeping, obviously.

HUXFORD: Is the proposal on the grounds of the current Jail facility?

PRITZL: We are looking at where it could fit, and this is where some of that architectural assistance was — is there a footprint big enough for it. They have identified some footprint space that would work on that campus; there is County land all around the Jail.

HUXFORD: It will open some beds in the Jail?

PRITZL: The 15 beds in (youth) secure detention then would be freed up; it's just a few beds, not very much.

LUND: There are a lot of issues with that because the female population has been going up over the years. If that wasn't the case — if it was all male population going up — it would be a lot cheaper for us. You've got female detention down here and it is outpacing the number of beds, unfortunately.

PRITZL: We are waiting to see what the feedback is from the Grant Committee. They will give us more direction; they will go through scoring and tell us what we need to refine, and if we are able to refine and keep going. We thought this was important for the region and for us.

LUND: It is important for the northern region (of the State)...

LAUNDRIE: I agree.

LUND: ... to have a closer facility than Madison or Milwaukee. Can you imagine if your child grew up in the northern area and then has to go secure detention; to visit your child would be a hike.

PRITZL: It is kind of a reverse; instead of having facilities north with major populations south – Lincoln Hills/Copper Lake being located far away from Milwaukee and Racine – so it is good to have facilities in that area because that's where they are coming from. But now, you have a whole balance of the state that is now going south instead of the reverse of what was happening.

Child Protective Services Study

The study being conducted by the Professional Consulting Group (PCG) is wrapping up now. They have been onsite doing focus groups, interviews and administering a survey. They are taking a lot of data they obtained directly, as well as secondary data sets, to give us a good picture of what we would need to address the CPS area in terms of staffing, procedures, work flows, technology, etc. They will be giving us a picture of what we could do to improve that area. We should get the final version of their report August 1, and we will share the results when they come forward.

Pritzl noted that according to Human Resources, our turnover rate has dropped significantly in 2019. 2018 was a particularly high year (for staff turnover), but 2019 appears to be much lower.

TRAN: Is there a reason why?

PRITZL: We are hoping the study will shed some light on that. The one thing we have heard is pay; the pay improvements have been helpful with recruiting. We are getting better quality applicants and starting pay has helped bring some people in.

LUND: Pay has been pretty flat for 10-15 years and the now the unemployment rate is at 3% or less, so wages are going up and you cannot retain (employees).

PRITZL: We were falling behind other Counties like Oconto where a staff member could go and have a different experience, and we are competitive now. I think we still need to look at the mid-career people — we have had people we have retained for a long time which had the old salary structure which ended up at the top end of that structure. So we had the new people who are starting better, but this middle group of people who are kind of stuck in-between. We are going to have to look at that to retain people.

LUND: The (County) Board has been much more flexible as far as pay and such, because we have to be.

PRITZL: Another thing that came forward is supervision quality is better, too. The time supervisors have with staff is an issue because they have a lot of staff reporting to them, but the actual quality of the supervision is good, the direction they receive, the training is getting better. So there are some positives highlighted there as well.

HUXFORD / LAUNDRIE moved to receive and place on file the Executive Director's Report. Motion carried unanimously.

6. **CTC Administrator Report including NPC Monthly Report**
- a. June 2019 – Report was included with the Agenda Packet.
 - b. July 2019 – Samantha Behling, Interim Hospital & Nursing Home Administrator, distributed her July report, and with no outstanding items from the June report, she discussed the following:

Patient Complaints/Grievances

No client grievances for the hospital during the month of June.

Federal/State Regulatory Concerns

Nicolet Psychiatric Center had no self-reported complaints, and no visits from the State. Bayshore Village Nursing Home disclosed three events which met the criteria for a self-report and State surveyors came to the building and reviewed those. Their review was very positive; there were no findings, we were found to be in substantial compliance after the review of the three self-disclosed events. We may receive something called a past non-compliance; what that means is there was something there initially, but we did enough follow up — education, addressed it, training, etc. — which met the criteria, so there is no citation. They agreed we made the correct decision in self-reporting.

Survey Readiness

Waukesha County had their Psychiatric Hospital survey, and we met with them at a Public Hospital Meeting. We listened intently to things that were reviewed during their process, and we have made action to review our own similar policies, procedures and observations on our own unit. We still have a high focus in ligature risks, so we are constantly assessing the environment making sure it is safe for our clients.

Detoxification Unit Consideration

Over the past few months, a significant amount of time dedicated to whether we can offer this service at the Community Treatment Center. The original intent was to offer detox services on the Community Based Residential Facility (CBRF) Bay Haven. After thorough consideration, meetings with DQA, and the Department of Health Services, we are realizing it is not a possibility. It would require a restructuring of the building and different/additional staffing... so we are not entertaining this anymore. However, we can still entertain the ability to offer detox services with the new Crisis Center addition in 2020.

Crisis Center Addition Planning

We continue to meet collectively to look at the planning. Erik Pritzl will set up a meeting with Owners Representative who works with the architects to start doing schematic design and refining the design and moving ahead. We will be working with Venture Architects but no dates have been scheduled yet, and we'll look at the programs offered, the process and how the flow will work.

Medical Appointments

There were no medical staff appointments in June 2019.

Other Business

An educational in-service was held to clarify the Medical Clearance Procedure with Brown County personnel. It involved local hospitals, the Crisis Center, and other psychiatric facilities in what kind of content we were giving our staff.

The Bayshore Village Nursing Home applied for, and was selected to be, a Wisconsin Caregiver Program Participant. This means the funding provided to DHS will allow people of the community to get their CNA (Certified Nursing Assistant) course paid for; they'll pay for their supplies, uniforms, etc. After completing the program, they can apply to work at one of the chosen facilities, of which Bayshore Village is one. Once they are retained and see

successful performance, they get a \$500 bonus after six months. The overall goal for Wisconsin is attracting employees in that career and retain them.

LAUNDRIE: Your report states "the Crisis Center along with Brown County Community Treatment Center personnel"... are we talking about the Crisis Center through Family Services?

BEHLING: Yes.

LAUNDRIE: We are doing a more combining of efforts, it sounds like?

BEHLING: The Crisis Center services are going to be provided out of CTC once the addition is organized in the year 2020; so we are bringing that on to our campus.

LAUNDRIE: Will they still be overseen by Family Services?

BEHLING: Yes, they will be. But we are also looking at if there is anything we can add to the service such as a nursing staff member that would improve our flow in getting that Crisis Center referral (client) to their needed service more timely. Also, if we could reduce things such as medical clearance in a hospital, if we could do any of that internally, those are the main things we are looking at right now.

LAUNDRIE: That's great.

HUXFORD: It should speed up the process.

BEHLING: That is our intention; hopefully reduce the cost and time associated with getting services elsewhere.

McCOY / HYLAND moved to receive and place on file item 6a, the CTC Administrator's Report for June 2019. The motion carried unanimously.

LAUNDRIE / HYLAND moved to receive and place on file item 6b, the CTC Administrator's Report for July 2019. Motion carried unanimously.

7. Review/Approve CTC QAPI Policy and Plan

This information was included within the Agenda Packet. Since Board Members had time to review previous to the meeting, Behling stated she would not go over the whole item in detail, but would entertain any questions. Behling shared it is a regulatory requirement for this Policy and Plan to be brought before the Human Services Board for approval. No questions were brought forward.

LAUNDRIE / HUXFORD moved to approve and place on file the CTC QAPI Policy and Plan. Motion carried unanimously.

8. Appointment of Antonide Arthus (APNP) to the Psychiatric/Medical Staff Committee

Pritzl asked for this item to be held until the September 2019 Human Services Board Meeting. The appointment did not go to the Psychiatric/Medical Staff Committee because the meeting was cancelled, and the next time it meets is September.

HYLAND / HUXFORD moved to hold the appointment until September 2019 Human Services Board meeting. Motion carried unanimously.

9. Financial Report for Community Treatment Center and Community Services

- a. June 2019 – Report was included with the Agenda Packet.
- b. July 2019 – Finance Manager Eric Johnson discussed highlights from his July 2019 report included within the Agenda Packet.

Community Treatment Center

The results continue to look very good with a favorable bottom line of revenue over expenses. Overall, the facility is well ahead of budget for the first five months, driven mainly by Nicolet Psychiatric Center revenues. The year-to-date census is 13.3 on average, compared to the budgeted 10.7, about 25-30% over budget, which translates into that amount of revenue because there is not a lot of extra costs for those clients on the unit. The CBRF is just above budget at 8.0 compared to the 7.9 budgeted. Bayshore Village, the Nursing Home, is just below budget at 60.1 compared to the budgeted 61.3.

Labor is within budget with good control on labor costs as that was a focus last year.

LUND: Less overtime?

JOHNSON: Overtime in the agency, I think is only used when needed.

LUND: We've had good staffing on that?

JOHNSON: Turnover?

BEHLING: No...

JOHNSON: There is still a challenge with open positions and is often when overtime is used. Overtime is higher than budgeted, but the regular payroll is under, so we are not incurring more overtime than the normal monthly payroll costs.

Community Services

Community Services has more challenges particularly in the area of purchase services that are significantly over budget. A good part of that has to do with Third Party Administrator (TPA) expenses for the CLTS program. That program has expanded significantly, paid by Wisconsin Position Services (WPS) on behalf of the County; higher costs, but also higher revenues that match exactly. We also have continued challenges with Residential Care Center (RCC) placements and correctional facility costs primarily within the Youth Justice area.

HYLAND / LAUNDRIE moved to receive and place on file item 9a, Financial Reports for June 2019. Motion carried unanimously.

HYLAND / HUXFORD moved to receive and place on file item 9b, Financial Reports for July 2019. Motion carried unanimously.

10. Statistical Reports a, b, & c

- a. Monthly CTC Data – Bay Haven Crisis Diversion/Nicolet Psychiatric Center/
Bayshore Village
 - i. June 2019
 - ii. July 2019
- b. Child Protection Services — Child Abuse/Neglect Report
 - i. June 2019
 - ii. July 2019

PRITZL: On the report handed out tonight, so people understand the difference between a CPS Referral and a Service Request — CPS Referrals are abuse or neglect allegations; allegations of physical abuse, neglect, sexual abuse. Service Requests are where there's

an indication of a family needing a service of some sort or something that is of concern. You could see different lower level type of concerns reported that get screened as a service request, but there isn't a specific allegation of abuse or neglect or a specific safety concern. CPS Referrals are actual identifications of child maltreatment.

The third paragraph on the report mentions the June 28 opening of the Brown County Family Center on St. Agnes Drive. Pritzl asked Community Services Administrator, Jenny Hoffman, to share a bit about the grand opening.

HOFFMAN: It was amazing. The media was there; Erik was on TV... It is such a warm and inviting location and center. Our staff put in a lot of time working on it. We are excited — we've already started our visits there. It is going to be a really nice place for families to do their visits. I get choked up thinking about it...

LAUNDRIE: Is it possible to tour there? Are there enough things worth seeing?

PRITZL: It would be good to see it; it would just need to be a time when families are not present.

HYLAND: Could we hold a meeting there?

PRITZL: I don't remember there being a meeting room; there's a kitchen table. There's a kitchen, there's showers, bathrooms, laundry...

HOFFMAN: It provides for teachable moments with the kitchen there.

PRITZL: We will have to figure out a way (to have a tour).

TRAN: Is it overnight then? Why are there showers?

PRITZL: For example, if a child is removed from their home and there is a need to have a shower before getting to the next placement that would be the kind of thing where they could potentially use it. It was already in the facility, it is a former daycare center so there are a lot of nice features to it.

TRAN: So it is not something we added, it was already there, right?

PRITZL: No. The Family Center replaces the Beacon Center that we were using — a strip mall at Military Avenue and Mason Streets. Visits were occurring there and in our conference rooms here (at Sophie Beaumont).

LUND: They would happen during our meeting sometimes.

PRITZL: Yes, you would see parents and children going back and forth. So this is multiple rooms in a very child-friendly location. They have remodeled the whole facility. Neighborworks, working with Capitol Credit Union Young Professionals, Leadership Green Bays, and Friends of Pals all collaborated to create this (Family Center). It is all donated funds and time.

HOFFMAN: There is outdoor space, too, which is really nice.

HUXFORD: Where on St. Agnes Drive?

PRITZL: It is near St. Agnes and Fisk.

HOFFMAN: There is a school there...

LAUNDRIE: That is fabulous.

c. Monthly Contract Update

i. June 2019

ii. July 2019

HUXFORD / HYLAND moved to suspend the rules to receive all item 10 statistical reports together. Motion passed unanimously.

LAUNDRIE / HYLAND moved to receive and place on file all item 10 statistical reports. Motion passed unanimously.

11. Request for New Non-Contracted Provider & New Provider Contract

- a. June 2019 – Report was included with the Agenda Packet
- b. July 2019 – Report was included with the Agenda Packet

HYLAND / TRAN moved to receive and place on file item 11a, Request for New Non-Contracted Provider & New Provider Contract report for June 2019. Motion passed unanimously.

LAUNDRIE/ HUXFORD to receive and place on file item 11b, Request for New Non-Contracted Provider & New Provider Contract report for July 2019. Motion passed unanimously.

12. Communication Regarding Human Services Board Attendance

Pritzl requested to speak regarding both items 12 and 13 on the Agenda at this time. Chair Lund agreed, and said both items would still be taken separately.

Pritzl handed out copies of Chapter 5 of the Brown County Ordinances to the Human Services Board Members, which outlines a couple items he wished to address, but does not address attendance. There is not an attendance section; there is board composition under 5.06, and terms (of service) listed, but nothing about an attendance requirement.

PRITZL: I serve on other Boards that do have attendance requirements, so it is not uncommon to see this.

LUND: The County Executive Committee is looking at attendance to all of the committees and boards that are underneath the County Board because there are a lot of meetings that go three months without have quorum. And they are kind of saying, "if you can't make it, something might have to be done."

PRITZL: We are kind of doing things a bit strangely because I am trying to work with what I give Corporation Counsel to consider to help us in looking at an ordinance revision-- that's what governs this structure. The language you have been given (in the handout) is an attendance insert that could be used – this is just some language I came up with based on some other things I've seen. I wanted to put it in front of you so you could give some feedback.

To meet quorum requirements, a Human Services Board Member should make every effort to attend scheduled meetings. The Chair of the Board will discuss attendance with a Board Member when he or she attends less than 50% of scheduled meetings during a 12 month period.

So not a year, but a looking always at a 12 month period rolling forward.

Continued absences exceeding 50% of scheduled meetings during a 12 month period can result in a seat being declared vacant and a request made to the County Executive to appoint a replacement. Prior to a seat being declared vacant, a vote must be taken by a quorum of the Human Services Board supporting this action.

So it isn't a unilateral action of one person, it would actually have to come here to say there is an attendance issue, I have met with the person, the Board Chair would have to talk

about that, and the Board would eventually vote to declare it vacant or not. This is what I have drafted to get the conversation moving if you wanted to go in this direction or if you feel the issue has been resolved, and we don't need to do this, I'm fine with that as well.

LAUNDRIE: I think we need to move forward on this. Things do come up, we are human. We have been on this Board 15 years...

LUND: I think I've been on this Board 17 years...

LAUNDRIE: It has become a big issue; attendance is a big issue.

LUND: It is not fair to have staff come here for a meeting and then we don't have the meeting.

LAUNDRIE: And especially if you know in advance that you are going on vacation; if you know in advance, please let Cathy (Foss) know. It is helpful. I am definitely in favor of this; in fact, I think the percent is pretty low.

HUXFORD: Are we at our full count as far as Board members?

PRITZL: No, we have two vacant seats.

HUXFORD: (County) Board members or Citizen Board members?

LUND: There is enough County Board members; there are three. So there are two citizen members (vacant). The County Executive needs to appoint those members. If anyone knows anybody, submit the names to Erik, and he will forward them to the County Executive.

PRITZL: Ultimately, the County Executive makes the appointment, the County Board confirms, and the person is on the Board.

McCOY / HYLAND made the motion to refer this item back to staff for language to be added to the ordinance, and bring back to the August 2019 Human Services Board meeting. Motion passed unanimously.

13. Communication Regarding Human Services Board Officers Election

Pritzl shared the good news that we are in compliance with elections as described in Chapter 5.05, the Structure of the Board. Under number 4, all elections described shall be held by the Board at an organizational meeting to be convened within 60 days following the effective date of the ordinance codified in this chapter and bi-annually thereafter with those elected service for two-year terms. So it coincides with County Board Supervisor elections.

LUND: So we will have an election next May (2020). The May meeting will have re-elections of officers for this Board.

PRITZL: Now that you have Chapter 5 in front of you, you might want to take some time over the next 30 days to familiarize yourself with it, and then come back with any other things you might see in here, because actually, there are a lot of parts that I found need to be updated. For example, the department reference is now Health & Human Services. Some of the statutory references are outdated. There is a section under 5.07, where it talks about Advisory Committees which we don't have. By County Ordinance, with the subcommittee rules now, you wouldn't create any advisory committees because that is part of the County Board process. I have uncovered quite a few changes that need to be suggested to Corporation Counsel, so if you happen to see anything between now and then...

LUND: So do you think you will have this for August or maybe September?

PRITZL: I submitted some changes, but I have not heard back. I will follow up and see if I can get it for August.

LAUNDRIE / HYLAND made the motion to refer back to staff for changes and brought back to the August 2019 Human Services Board meeting. Motion passed unanimously.

14. Other Matters
None.

15. Adjourn Meeting:
HUXFORD / LAUNDRIE moved to adjourn. Motion passed unanimously.

Supervisor Tom Lund adjourned the meeting at 5:58 p.m.

Next Meeting: Thursday, August 8, 2019 at 5:15 p.m.
Sophie Beaumont Building
111 North Jefferson Street; Boardroom A
Green Bay, WI 54301

Respectfully Submitted,
Catherine Foss
Office Manager

**PROCEEDINGS OF THE MENTAL HEALTH
TREATMENT SUBCOMMITTEE**

Pursuant to Section 19.84, Wis. Stats., a regular meeting of the Mental Health Treatment Subcommittee was held on Wednesday, April 17, 2019 at 12:00 pm in Conference Room A (E03) of the Sophie Beaumont Building, 111 N. Jefferson Street, Green Bay, Wisconsin.

Present: Chair Erik Hoyer, Supervisor Megan Borchardt, Citizen Representatives Stephanie Birmingham, Guy Zima and Cheryl Weber, Health and Human Services Director Erik Pritzl, Hospital Administrator Ed Somers, Security Lieutenant Scott Brisbane, Director of Community Programs Jenny Hoffman, Behavioral Health Manager Ian Agar, Officer Paul Van Handel, District Attorney David Lasee, Judge Zuidmulder

Excused: Supervisor Schadewald

I. Call to Order.

The meeting was called to order by Chair Erik Hoyer at 12:01 pm.

II. Approve/Modify Agenda.

Motion made by Megan Borchardt, seconded by Judge Zuidmulder to approve. Vote taken.
MOTION CARRIED UNANIMOUSLY

III. Approve/Modify Minutes of January 16, 2019.

Motion made by Megan Borchardt, seconded by Judge Zuidmulder to approve. Vote taken.
MOTION CARRIED UNANIMOUSLY

1. Report and discussion – Spending of the 2019 \$1.14 mental health dollars, to date.

Health and Human Services Director Erik Pritzl provided a handout, a copy of which is attached, which outlines the mental health initiative expenditures for 2018 as well as for January through March of 2019.

Pritzl informed 2018 has been closed out and the expenditures total \$983,730.46 out of the prorated budget of \$1,150,000. Mobile crisis, residential treatment and day report center came in at or close to the expected levels while detox had underspending.

The 2019 numbers are as of April 10, but Pritzl said there are likely March expenditures that are not reflected in this. The figures are similar to last year in that mobile crisis and day report are where they are expected to be and residential treatment is very close to what is expected. Detox remains low, but this is not much different than 2018.

Cheryl Weber said she continues to hear that there are still capacity issues when it comes to detox. Pritzl said he is hearing more and more about capacity issues, for both mental health and detox and he thinks the detox capacity issue is related to overall bed count with the provider, which is Bellin. The focus at Bellin is incapacitated individuals as it is a hospital level of care. Pritzl continued that staff meets with Bellin regularly to discuss this and understand what the capacity issue is, because some improvement had been expected by the end of 2018.

Hoyer asked about the transition of the day report center from Family Services to handling it in-house. Pritzl said they have been meeting consistently with Family Services to work on the transition. The plan at this time is for the County to start taking intakes on May 1. The manager

of the Criminal Justice Department has been hired and there have been some offers made to staff. The idea is to take the new intakes starting in May and then take over all participants in July. Pritzl has sent information to key people like the Courts, District Attorney and Sheriff's Department to let them know the plan. He indicated one person who currently works for Family Services will be transitioning over to County employment. With regard to location, Pritzl is working with the DA's office to utilize their reception window service point and then the space with the treatment court staff in the lower level is being reconfigured to accommodate the operations.

Judge Zuidmulder asked if it is the intention of the County Board to use the \$356,824 that was budgeted for day report center, or if that number could change if there are more needs. Hoyer responded that these monies have been operationalized for the last three years and will continue to be operationalized in the future and will be lumped in with the overall Health and Human Services budget. Judge Zuidmulder's concern is that if additional funds are needed to do the day report functions in-house, the pushback will be that it comes from the mental health initiative budget which will have a ripple effect on the other functions. Hoyer feels that chunk can be isolated and put into the budget because now instead of it being contract services, it will be in-house. Pritzl added that if there is ever an expansion proposed to any of the Criminal Justice Division, other dollars within the budget would have to be found, or new money would have to be found. There are some dollars that could be worked with, but not a lot.

Megan Borchardt asked for an update on mobile crisis services. Pritzl responded that he hears positive feedback from the police department. Contacts in hospitals and community settings have increased, which is positive. Borchardt noted that Green Bay Police Department will be having a clinician out with them starting in June or July. Pritzl said that that is a Health and Human Services employee that the County Board approved.

Stephanie Birmingham noted mobile crisis is a county-wide service but Green Bay seems to be the catchall and services are more centralized in Green Bay, and asked if services are also being used outside of the city. A representative of the Crisis Center was in attendance and said the largest impact is on the mobility. They are out 37% where they used to be out 19 – 20%. Long before the expansion, all municipalities had used the Crisis Center with very few exceptions in terms of how they determine 51. GBPD represents the majority of the law enforcement referrals but if the volume was looked at statistically, it would show all municipalities. Birmingham asked how far Crisis will travel if law enforcement is not involved. The Crisis Center rep responded that they like to do least restrictive and their first goal is to do that safely and they will go anywhere in the County. The preference would be for law enforcement to call Crisis into the home more. If a consumer or family or friend calls about someone, the first goal would be to go to the person in crisis, but there is a screen they go through for safety. As supervisors, they support a crisis counselor's gut feeling on safety and she noted that often the counselors go out alone as there is not usually enough staff to go out in pairs. The person that is in crisis needs to be willing to meet with a counselor. If someone is not willing to meet with a counselor, there are safety concerns and they do not force it.

Judge Zuidmulder informed he has talked to area law enforcement agencies to let them know how Green Bay handles this, but what he typically hears as pushback is that the municipalities do not feel it would be appropriate to dedicate staff to mental health matters because the need is not large enough. Borchardt added that it is encouraging that there are more officers throughout the County who have gone through crisis intervention training. Behavioral Health Manager Ian Agar shared that law enforcement has said there are occasions when clearing the scene takes more time and energy than they feel it is worth and they would prefer to bring the individual to the Crisis Center.

Guy Zima asked if law enforcement time being spent with people in crisis is decreasing. Officer Van Handel responded that the timeframe is still in the four hour area which is pretty good. Agar said the last report he has seen showed the timeframe to be closer to three hours so there has been improvement in this area. Zima said the one stop shop would likely decrease that even more.

Zima asked if reports from mobile crisis are evaluated frequently to be sure the funds are being used well and if the County is getting their money's worth. Pritzl said reports are received and reviewed regularly and both mobile crisis and day report have ramped up over time. At this time both have done what they said they were going to do. Pritzl added that there has been an increase in voluntary placements and noted that 30% of admissions at Nicolet so far this year have been voluntary. Zima asked what the average amount of time is that law enforcement spends on mental health calls. Officer Van Handel responded that for January, February and March the average was 3.5 hours. Zima would like feedback from law enforcement at the next meeting as to whether there are things that could still be improved upon to save time.

Officer Van Handel said the issue is capacity. He understands there are conversations about a one stop shop model, but he does not really know how that is going to improve capacity. He continued that law enforcement has sent as many people out of county so far this year as they did for all of last year. This shows a capacity issue and he questions if we are already at capacity in April, what will the rest of 2019 and 2020 look like? This will create more police time because there is no place to discharge people to.

Zima recalled the original goal was to increase the number of beds, bring people back to Brown County, have the money stay in the county and provide better service for the people of Brown County, but that was three years ago. Judge Zuidmulder said the purpose of the mobile crisis piece was for people to be evaluated and remain in the community so we would not have police transporting them places and ultimately returning them to their homes. The people that are being taken to Winnebago are people who have been committed; those are not the same people that are utilizing the mobile services. Zima said the mobile crisis people are cutting down the law enforcement hours. He does not want to keep using Winnebago and Trempealeau; he wants to see these people taken care of here which was the mission when this committee was started. He wants the beds that were shoved out under the Nussbaum administration brought back.

a. Alternate detoxification options and opportunities.

A pilot detoxification services plan for Bay Haven was distributed at this time, a copy of which is attached. Nursing Home Administration Ed Somers spoke to the plan and said they have looked at how they could handle detoxification services within the current infrastructure. He outlined the information as broken down on the handout.

Hoyer asked if individuals would come to Bay Haven before Bellin and if this would affect the County's contract with Bellin. Pritzl responded that the County would still maintain a contract with Bellin for the medically managed detox service but there are people that are not reaching that level that are asking for services and Bay Haven could be used for that.

Zima asked if the four beds would be closed off from the other population at Bay Haven. Somers responded that this would be mixed with the rest of the Bay Haven population and reminded that this is a test program and added that those going through heavy withdrawal will not be on the unit. In addition, those expressing suicidal thoughts would be relocated to something more appropriate such as Nicolet. Somers added that people would be checked very often and as they sober up they would be meeting with an AODA counselor to hopefully make an intervention to get them into treatment.

Zima noted the current Bay Haven program is pretty successful, but feels if part of it is going to be turned into a drunk tank that will mix with the other population, it will disrupt the rest of the people there. He wants another unit, not mixing these people with the rest of the Bay Haven population. He would not want severely drunk people on the same unit. Borchardt pointed out that this is a voluntary thing; the people there would be making a choice to be there and want the help. They would be there because they are seeking health, not to be disruptive.

Judge Zuidmulder feels if these are people from our community who are going without services, this is something we need to do. This is about the quality of life in the community. This is for people that say they need help. At this time, there is no other place for those who want help to go. This would be a place we could afford to send these people who are seeking help and he pointed out that before this system was dismantled, this is exactly where people were going. This is a service we used to offer that was destroyed and we now know that was a terrible mistake. This pilot program would replicate what we used to have in a facility where it was done before by people who want to be there and he feels we should do it.

Zima noted under the former program the people with mental health issues were not mixed with those going through detox. Agar recalled that pre-2012 the populations were mixed. Zima would rather enlarge Nicolet so Bay Haven can keep doing what they are currently doing, however Agar pointed out that this would then become a licensing issue.

Birmingham noted that the people going into Bay Haven would be medically monitored which is a different level so their intoxication level would be different than at a medically managed level. She also pointed out there are individuals with dual diagnoses who would fit in just as well as the other people at Bay Haven. Zima said he has spent time at both units and those at Nicolet are quite different from those at Bay Haven. Zima feels strongly that people who have serious intoxication issues should not be mixed with those at Bay Haven. He feels the County is dragging their feet and the eye is no longer on the prize. Hoyer pointed out that the prize is serving people, not building something.

Pritzl said the voluntary aspect of this is important to remember. Further, the number of people with co-occurring mental health and substance abuse issues is tremendously high. Pritzl feels mixing the populations as a pilot is worth pursuing. If we start to see overwhelmingly there are more people in a detox status than a true stabilization status, we can re-evaluate. What is being proposed would allow us to look at both areas because we are skilled in both mental health and substance abuse.

Weber asked if this pilot program would utilize the detox dollars or if there would need to be additional money to cover things like extra staff. Pritzl responded that they are currently looking at that and added that he is working on a proposal to expand one of the substance use counselor positions to a full-time position. If the census is increased, obviously the staffing would have to be increased as well, and we would be looking at the allocated detox dollars to cover that although Pritzl feels what is already allocated would be sufficient to address the on-call staff need when we need to bring them in.

Weber asked if this would be an improvement or if it would only be scratching the surface. Security Lieutenant Scott Brisbane said the pilot program would be dealing with different people than are dealt with at the jail. These are people that would be voluntarily going to the facility because they recognize they have an issue and want to get help and that is completely different than individuals he deals with who get drunk at a Packers game.

Zima asked if the people would be coming in sober or semi-sober or if they are people that need detox. Pritzl said it would be people coming in who need a safe and stable place to withdraw from their substance abuse. They will be going through that process while staff is assessing

them and then staff would be linking them to the next service with the help of counselors. Brisbane added that withdrawal is a medical concern and this pilot would have the staff available to address those medical needs.

Van Handel said what law enforcement typically finds is when people are ready to engage, they want the help right then. It does not have anything to do with whether a bed is available or not. When they say they are ready, they're ready. His issue with this and the problem with mixed use is that there may not be beds available when the person is ready to detox. If there is a not a bed available when it is needed, then this will not solve anything.

Judge Zuidmulder pointed out that right now there are zero beds, but with the pilot at any point in time there could be four to five beds available. His view is that this is somewhat a public safety issue but it is also a quality of life issue because these individuals may not be in violation of the law, but they are causing law enforcement officers to be involved. He reiterated that this would be put in place as a pilot and if it benefits those who need the help it would be worth it. He does not want to see people who want the help and are willing to go get the help have to go somewhere else to get it.

Birmingham questioned if a certain number of beds can be guaranteed for detox and not used for something else. It was indicated that that could be done, however, it would be a fluid thing over time so if there is a need for beds for crisis stabilization and beds for detox are available, they would want to free up the beds. It is hard to come up with a specific number. Birmingham questioned if some of the money that has been allocated for the Bellin contract could be used by the County instead to commit a number of beds in-house for a specific amount of time to see how it goes. Pritzl reminded the group that what is being proposed is a 15 bed unit with an average census of 7.9 in 2019. In 2019, there were four days where the census was over 11 which would put the four beds in jeopardy so almost 90% of the time there should be, at a minimum, four beds available. He feels the risk is low enough that it can be accepted to test this.

Hoyer said the question is what the next step is. Pritzl said the next step would be to work with the Department of Health Services to get the approval necessary to do this. Since Bay Haven is already funded, we would have to use some of those dollars to offset staff costs which could be done by a budget adjustment. Dollars are not committed to Bellin; Bellin charges us a daily rate so there is flexibility there.

Motion made by Judge Zuidmulder, seconded by Stephanie Birmingham that this subcommittee supports the pilot program as proposed by the Human Services Department with regard to voluntary detox at Bay Haven. Vote taken. MOTION CARRIED UNANIMOUSLY

2. Discussion - Costs of Crisis Assessment Center (building and operational), as supported by the half-percent sales tax.

Pritzl reported a lot of work has been done with Venture Architects on the cost of a crisis assessment center, which has been referred to as the one stop shop model. This would bring the Crisis Center and staff out to the CTC and bolster the medical staff a little to do medical screenings so people can come there, get their crisis assessment and then have someone with some medical training assess a person.

Staff has met with the architects and had them do space needs considerations and they have also talked about different rooms and furnishings, etc. with staff. The proposal that was brought back was \$2.2 million dollars to add on to the CTC and put the Crisis Center there. The bucket of available funds is listed as jail and mental health and about \$6 million is in it for

mental health. About \$529,000 was budgeted for the project this year which will be used for design and the start of construction and the remainder of the construction will be paid in 2020. The project came in slightly higher than anticipated because the cost of construction has gone up and site prep was not taken into consideration either.

Zima asked if there are drawings available. Pritzl said he has gotten a proposal back and Zima said he would like to see that at the next meeting. He also referenced the handouts provided at the meeting and informed that in the future he would like those included in the agenda packet instead of being handed out. Pritzl said sometimes the reports are done right before the meeting so they reflect the most accurate, updated information available, although if there is a desire to have the reports included in the packet that can be accommodated.

Motion made by Guy Zima, seconded by Megan Borchardt for this committee to move this proposal forward to the appropriate standing committees and report back. Vote taken.

MOTION CARRIED UNANIMOUSLY

Pritzl informed that currently there are a lot of mental health pieces in the Governor's proposed budget. One of the items is regional crisis stabilization centers. Pritzl had a conversation with the Department of Health Services to find out if what they are envisioning is what we are talking about here. The State is looking at this from a regional perspective and is looking at having about five of these facilities throughout the state. The State's view is that these facilities have an open door, first come first serve policy, so anyone who comes forward would be treated, no matter what county in the region they are from. This may mean people from Brown County would not be able to receive services in the facility if space is not available. Pritzl said if the County builds the facility we are talking about, it would contain all of the things the State is looking for and the possibility may exist for some funding. Zima said his concern is meeting the needs of our own citizens first, and then making some revenue when some beds are available.

3. Discussion – A county resolution identifying September as National Suicide Prevention Month.

Hoyer said September has been identified as National Suicide Prevention Month and the City has participated in the past by illuminating the bridges in purple and he feels it would be nice if the County participates as well by bringing a resolution that addresses this extremely important mental health issue. He feels it would be good if it comes from this committee and then moves on to the appropriate standing committees.

Motion made by Megan Borchardt, seconded by Guy Zima for this committee to support a resolution identifying September as National Suicide Prevention Month. Vote taken.

MOTION CARRIED UNANIMOUSLY

Motion made by Guy Zima, seconded by Erik Hoyer to return to Item 2 at this time. Vote taken. MOTION CARRIED UNANIMOUSLY

At this time, Pritzl talked further on Item 2; that discussion is set forth above at Item 2.

4. Discussion – Identifying gaps and quantifying the needs of our community, including long-term care, as they could be addressed by recertification of county operations.

Hoyer said last time this was discussed, Brown County was not sending as many people to Winnebago. Agar noted that the issue is primarily in the juvenile/adolescent area. At this time, Brown County does not serve juveniles in our own facility; Bellin and Willow Creek are the

County's first choice, and if there is not space there the person then goes to Winnebago. Zima asked what the cost was to have someone in Winnebago each day and Pritzl responded that it is in the area of \$1,100 - \$1,200 per day, but certain amounts are reimbursed if the person is under age 22 or over age 65. Over 20 of the County's people have been treated at Winnebago so far this year. Pritzl pointed out that if the average length of stay is five days, we're looking at 100 days of care. To build a unit to meet the needs of 100 days of care is not a very good return on investment. We would have to serve a lot of people from outside the county to make it worth it. Zima questioned the accuracy of the length of stay estimate because he feels it may be higher than 5 days. Pritzl said the average is 5 - 6 days for the acute inpatient psychiatric beds.

Weber asked if the four extra beds at Bay Haven are added as discussed earlier, if that would free up some of the beds from Willow Creek and Bellin so there may be a bed for a juvenile emergency detention. Agar said the best answer he can give is maybe. Pritzl added that there are not a lot of inpatient psychiatric beds in the state and noted that Willow Creek is looking to build a new facility in Madison which would probably take some load off because they currently serve state-wide from their Green Bay location. Borchardt noted the County does try to meet the needs of the community, but if all the beds are full, there is no option other than to send people to Winnebago. The importance of the County having control of this rather than having to depend on the private sector has been discussed in the past. Borchardt understands that, but also feels it is important to work with community partners as well. Zima disagreed that these entities are community partners. Borchardt said when and if people want to get detox fluctuates and the County has no control over that. Zima disagreed and said the County needs to step up to the plate and fulfill the needs of the community as quickly as we can and have a state of the art facility. Pritzl noted we need to understand better what is changing at Bellin that is resulting in the drop in admissions. Willow Creek has stepped up, but we still need to understand why Bellin is not doing the same because there are people that could go there for which they would get paid for their services. Birmingham believes that at least part of it is a staffing issue.

5. Update – Outreach Efforts.

Pritzl said Connections for Mental Wellness is doing a lot of outreach. Agar added that there are multiple subcommittees involved and there was a recent survey to determine training needs for professionals and non-professionals in the community in terms of mental health education. The results of that survey are driving training initiatives for professionals and non-professionals with the goal being to train more mental health professionals and retain them here in Brown County. Weber added that one of the things Connections for Mental Wellness did in that regard is help fund the CIT training that was attended by about 48 law enforcement officers. Further, there is a faith community part and there will be a program at the end of May to help them navigate the mental health and AODA system because a lot of people go to their spiritual leaders for mental health issues. There is also a school based mental health program that has been very successful. Mental health facilities are donating their time and the program is in every district and about 18 schools. There are no barriers for payment or anything else; every child that needs help can get it. Borchardt added that outreach is being done in some program in De Pere as well and there is interest in the community to know what is being done and where to go for help. This is being spearheaded by the Medical College of Wisconsin. Agar added that there has also been mental health first aid training going on for the general public.

Birmingham said Options for Independent Living will be doing another certified peer specialist training in July. It is a six day program at no charge. This would be for individuals who are far

enough along in their own recovery to be a peer to someone who is at an earlier stage in their own recovery.

6. Update – Criminal Justice Services.

Judge Zuidmulder reported the Mental Health Court is flourishing and has been tremendously successful and numbers continue to increase. He noted the Mental Health Court was established and budgeted for by the County Board. As the lead judge for the treatment courts, they have had to take on the veterans' court, but they never had a case manager. He would like this committee to consider funding a case manager out of the mental health initiative dollars during the next budget.

7. Such other matters as authorized by law.

The next meeting date was discussed. Zima noted that the next meeting was proposed for August 21 but he would like to have another meeting in May to discuss what, if anything we want to do with the budget.

Motion made by Guy Zima that the next meeting be held on May 15 and that budgeting be included on the agenda. *MOTION FAILED FOR LACK OF SECOND*

8. Adjourn.

Motion made by Megan Borchardt, seconded by Stephanie Birmingham to adjourn at 1:25 pm. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Therese Giannunzio
Recording Secretary



BROWN COUNTY HEALTH & HUMAN SERVICES

111 N. Jefferson Street
P.O. Box 22188
Green Bay, WI 54305-2188

Phone (920) 448-6000 Fax (920) 448-6166

To: Mental Health Treatment Sub-Committee
Human Services Committee

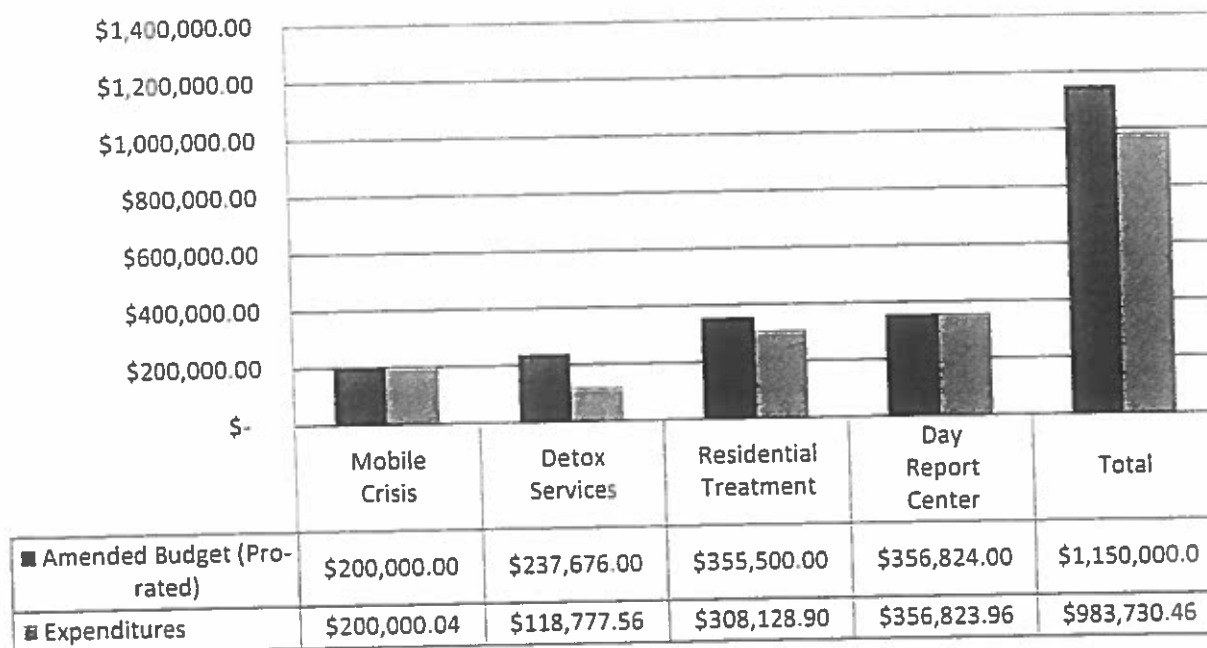
From: Erik Pritzl, Executive Director

Date: April 17, 2019

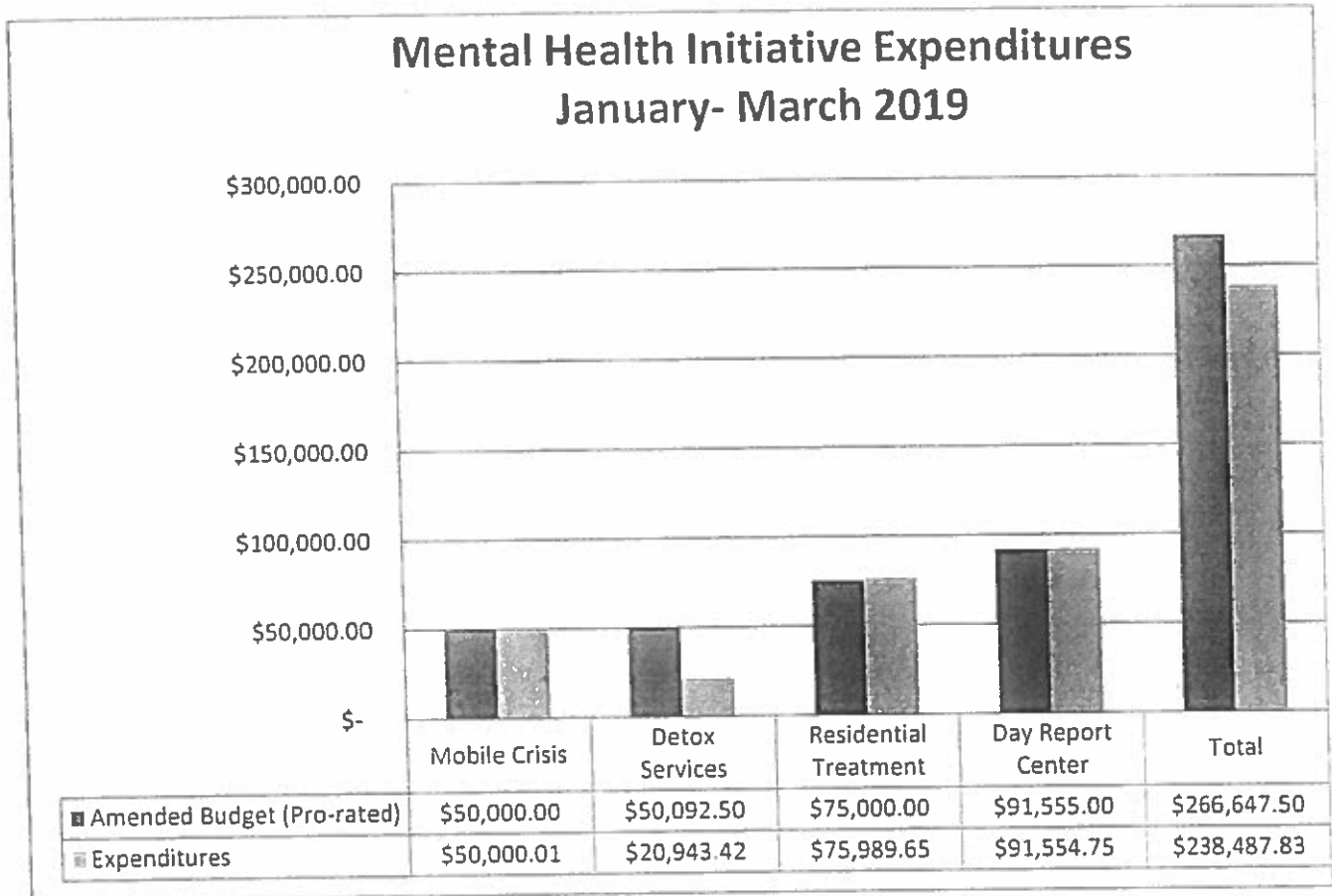
Re: 2018 Mental Health Initiative Expenditures, 2019 Expenditures YTD

The chart below provides an update on the 2018 expenditures related to the four mental health initiatives for the period of January-December, 2018.

Mental Health Initiative Expenditures January - December 2018



The next chart below provides a summary of expenditures in the four different areas for January-March, 2019. This information is current through April 10, 2019.



Pilot Detoxification Services in Bay Haven

Current State

❖ Brown County funded 37 detoxification stays totaling 74 days in a hospital in 2018.

❖ Bay Haven is a 15-bed Crisis Stabilization Unit licensed under DHS 83 as a Community Based Residential Facility (CBRF) and provides crisis stabilization services under DHS 34.

❖ Bay Haven consists of two wings. The north wing which has 8 private rooms with private bathrooms, and the east wing which has 7 private rooms with private bathrooms.

The average daily census of Bay Haven in 2019 has been 7.9, with a high census of 13 on 5 occasions, and a low census of 4 on 7 occasions.

❖ Chapter DHS 75 governs Community Substance Abuse Service Standards. Under this chapter, CBRF's can provide Medically Monitored Residential Detoxification Service and/or Residential Intoxication Monitoring Service.

❖ Medically Monitored Residential Detoxification services can be provided within a CBRF with the following personnel requirements.

- Director of Nursing who is a registered nurse
- Registered Nurse available on-site on a 24-hour basis
- Physician available on-site [on call] on a 24-hour basis

Proposal

❖ Given that Bay Haven already satisfies the basic licensure and personnel requirements necessary for providing Medically Monitored Detoxification Services and has capacity that could be utilized for detox protocol on top of the crisis protocol, the department proposes to create a pilot detoxification program within Bay Haven.

❖ All admissions to the unit for detoxification would be voluntary for alcohol and other substances.

❖ All staff on Bay Haven would receive additional training on symptoms of withdrawal.

❖ Any admission exhibiting severe symptoms of withdrawal would be transferred to an appropriate medical hospital.

❖ Any admission exhibiting a desire for self-harm or suicide would be assessed for admission to a psychiatric hospital or other appropriate setting.

❖ Up to 4 beds would be set aside for detoxification at the end of the east wing of Bay Haven. This number allows for up to 1,460 patient days/year. Prior to the state ending detoxification at Nicolet Psychiatric Hospital, we served approximately 580 admissions/year.

❖ Prior to being discharged from the unit, all detoxification clients would receive an AODA assessment by staff certified as an alcohol and drug counselor and linked with the necessary level of service to ensure continuity of care in circumstances where clients are agreeable to treatment.

BOARD OF SUPERVISORS

Brown County



BROWN COUNTY
BOARD OF SUPERVISORS
GREEN BAY, WISCONSIN

Meeting Date:

8/21/19

Agenda No.:

Motion from the Floor

I make the following motion:

Directs corporation counsel to draft a resolution
in support of building a juvenile detention
facility in Brown County

Signed:

A handwritten signature, likely of a Board Supervisor, is written over a horizontal line.

District No.

4

(Please deliver to County Clerk after motion is made for recording into minutes.)

19-071

BUDGET ADJUSTMENT REQUEST

Category

Approval Level

- ☐ 1 Reallocation from one account to another in the same level of appropriation
Dept Head
- ☐ 2 Reallocation due to a technical correction that could include:
• Reallocation to another account strictly for tracking or accounting purposes
• Allocation of budgeted prior year grant not completed in the prior year
Director of Admin
- ☐ 3 Any change in any item within the Outlay account which does not require the reallocation of funds from another level of appropriation
County Exec
- ☐ 4 Any change in appropriation from an official action taken by the County Board (i.e., resolution, ordinance change, etc.)
County Exec
- ☐ 5 a) Reallocation of up to 10% of the originally appropriated funds between any levels of appropriation (based on lesser of originally appropriated amounts).
Admin Comm
- ☒ 5 b) Reallocation of more than 10% of the funds originally appropriated between any of the levels of appropriation.
Oversight Comm
2/3 County Board
- ☐ 6 Reallocation between two or more departments, regardless of amount
Oversight Comm
2/3 County Board
- ☐ 7 Any increase in expenses with an offsetting increase in revenue
Oversight Comm
2/3 County Board
- ☐ 8 Any allocation from a department's fund balance
Oversight Comm
2/3 County Board
- 9 Any allocation from the County's General Fund (*requires separate Resolution*)
After County Board approval of the resolution, a Category 4 budget adjustment must be prepared.
Oversight Comm
Admin Committee
2/3 County Board

Justification for Budget Change:

2019 Budget Adjustment

\$50,000 budgeted in 2019 for possible HVAC equipment replacement will not be needed for that purpose. This amount is needed instead for significant foundation repair which Facilities has advised should be completed as soon as possible. This amount will allow for completion of the most immediate need area(s) of the building for this foundation work with an additional \$50,000 proposed as part of the 2020 budget for CTC.

Fiscal Impact*: \$0

*Enter \$0 if reclassifying previously budgeted funds. Enter actual dollar amount if new revenue or expense.

Increase	Decrease	Account #	Account Title	Amount
<input checked="" type="checkbox"/>	<input type="checkbox"/>	630.056.100.051.5307.300	Repairs and maintenance Building	50,000
<input type="checkbox"/>	<input checked="" type="checkbox"/>	630.056.100.001.6110.020	Outlay Equipment	50,000
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

E. K. R. O. J.

Signature of Department Head

Department: Health & Human Services

Date: 8/15/19

AUTHORIZATIONS

[Signature]

Signature of COA or Executive

Date: 8/19/19

September 18, 2019

TO THE HONORABLE CHAIRMAN AND MEMBERS
OF THE BROWN COUNTY BOARD OF SUPERVISORS

Ladies and Gentlemen:

**RESOLUTION REGARDING TABLE OF ORGANIZATION CHANGE
FOR THE HEALTH AND HUMAN SERVICES DEPARTMENT –
COMMUNITY SERVICES DIVISION ACCOUNT CLERK I POSITION**

WHEREAS, there is currently a (0.50) FTE Account Clerk I position and a (0.50) FTE Clerk/Typist I position in the Health and Human Services Department-Community Services Division (“Department”) table of organization; and

WHEREAS, the Department has evaluated their operations and determined that creating a (1.00) FTE Account Clerk I position would create efficiencies, increase flexibility in providing client services and provide capacity to take on additional clients; and

WHEREAS, the Department has identified that a reduction from their office supplies and contracted services accounts could fully cover changing this into a full-time role due to a reduction in checks, envelopes and bank fees due to online banking; and

WHEREAS, Human Resources, in conjunction with the Department, recommends the following changes to the Department’s table of organization: the deletion of a (0.50) FTE Account Clerk I position in pay grade D2 of the Classification and Compensation Plan; the deletion of a (0.50) FTE Clerk/Typist I in pay grade C of the Classification and Compensation Plan; and the addition of one (1.00) FTE Account Clerk I position in pay grade D2 of the Classification and Compensation Plan.

NOW, THEREFORE, BE IT RESOLVED by the Brown County Board of Supervisors, that the following changes to the Department’s table of organization are hereby approved: the deletion of one (0.50) Account Clerk I position in pay grade D2 of the Classification and Compensation Plan; the deletion of one (0.50) Clerk/Typist I position in pay

6

grade C of the Classification and Compensation Plan; and the addition of one (1.00) Account Clerk I position in pay grade D2 of the Classification and Compensation Plan as stated above and below in the "Budget Impact" section of this Resolution.

Budget Impact: Health and Human Services-Community Services Division

Annual Budget Impact	FTE	Addition/ Deletion	Salary	Fringe	Total
Account Clerk I \$18.80/hr Position 104.040.076 Hours: 1,040	0.50	Deletion	(\$19,552)	(\$2,157)	(\$21,709)
Clerk/Typist I \$17.55/hr Position 101.076.076 Hours: 1,040	0.50	Deletion	(\$18,252)	(\$2,988)	(\$21,240)
Account Clerk I \$17.70/hr Position 104.040.076 Hours: 2,088	1.00	Addition	\$36,958	\$20,963	\$57,921
Reduction in Office Supplies and Contracted Services					(\$14,972)
Annual Budget Impact					-0-

Partial Budget Impact (9/1/19- 12/31/19)	FTE	Addition/ Deletion	Salary	Fringe	Total
Account Clerk I \$18.80/hr Position 104.040.076 Hours: 1,040	0.50	Deletion	(\$6,392)	(\$705)	(\$7,097)
Clerk/Typist I \$17.55/hr Position 101.076.076 Hours: 1,040	0.50	Deletion	(\$5,967)	(\$977)	(\$6,944)
Account Clerk I \$17.70/hr Position 104.040.076 Hours: 2,088	1.00	Addition	\$12,854	\$6,988	\$19,842
Reduction in Office Supplies and Contracted Services					(\$5,801)
Annual Budget Impact					-0-

Fiscal Note: This resolution does not require an appropriation from the General Fund. The increase is offset by a reduction in Office Supplies and Contracted Services.

Respectfully submitted,
HUMAN SERVICES COMMITTEE
EXECUTIVE COMMITTEE

Approved By:

TROY STRECKENBACH
COUNTY EXECUTIVE

Date Signed: _____

19-064R

Authored by Human Resources

Final Draft Approved by Corporation Counsel's Office

BOARD OF SUPERVISORS ROLL CALL # _____

Motion made by Supervisor _____

Seconded by Supervisor _____

SUPERVISORS	DIST. #	AYES	NAYS	ABSTAIN	EXCUSED
SIEBER	1				
DE WANE	2				
NICHOLSON	3				
HOYER	4				
GRUSZYNSKI	5				
LEFEBVRE	6				
ERICKSON	7				
BORCHARDT	8				
EVANS	9				
VANDER LEESE	10				
BUCKLEY	11				
LANDWEHR	12				
DANTINNE, JR	13				

SUPERVISORS	DIST. #	AYES	NAYS	ABSTAIN	EXCUSED
BRUSKY	14				
BALLARD	15				
KASTER	16				
VAN DYCK	17				
LINSSEN	18				
KNEISZEL	19				
DESLAURIERS	20				
TRAN	21				
MOYNIHAN, JR.	22				
SUENNEN	23				
SCHADEWALD	24				
LUND	25				
DENEYS	26				

Total Votes Cast _____

Motion: Adopted _____ Defeated _____ Tabled _____

6

HUMAN RESOURCES

Brown County

305 E. WALNUT STREET
P.O. BOX 23600
GREEN BAY, WI 54305-3600

RESOLUTION/ORDINANCE SUBMISSION TO COUNTY BOARD

DATE: 7-29-19

REQUEST TO: Human Services, Executive, and County Board

MEETING DATE: 8/28/19, 9/9/19 and 9/18/19, respectively

REQUEST FROM: Erik Pritzi
Director

REQUEST TYPE: ☒ New resolution ☐ Revision to resolution
☐ New ordinance ☐ Revision to ordinance

TITLE: RESOLUTION REGARDING TABLE OF ORGANIZATION CHANGE FOR THE HEALTH AND HUMAN SERVICES DEPARTMENT – COMMUNITY SERVICES DIVISION ACCOUNT CLERK I POSITION

ISSUE/BACKGROUND INFORMATION:

This request will create efficiencies and increased flexibility in providing client services within the Representative Payee area if two 0.5 FTE part-time positions are consolidated into one 1.0 FTE position. This request includes elimination of the current 0.5 FTE Clerk / Typist I position and changing the current 0.5 FTE Account Clerk I position to a 1.0 FTE position. This change will allow for increased cross-training and better coverage for unexpected leaves and turnover. The additional cost of full-time fringe benefits will be necessary for this change. The costs associated with this change will be paid for through a budget adjustment from 201.076.110.119.5300.001 (Supplies Office) and 201.076.110.119.5700 (Contracted Services). Funding will be decreased from those accounts moving forward as there will be a lower cost for checks and envelopes as well as less bank fees following the transition of clients from the large custodial bank account to individual online bank accounts including automatic bill pay.

ACTION REQUESTED:

Respectfully request that the Human Services Committee and County Board approve an increase in FTE from 0.5 to 1.0 for the open Account Clerk I position (104.040.076) and elimination of a 0.5 FTE part-time Clerk/Typist I position (101.076.076) with no net change in FTE for the Representative Payee Unit.

FISCAL IMPACT:

NOTE: This fiscal impact portion is initially completed by requestor, but verified by the DOA and updated if necessary.

1. What is the amount of the fiscal impact? \$0
2. Is it currently budgeted? ☐ Yes ☐ No ☒ N/A (if \$0 fiscal impact)
 - a. If yes, in which account? _____
 - b. If no, how will the impact be funded? _____
 - c. If funding is from an external source, is it one-time ☐ or continuous? ☐
3. Please provide supporting documentation of fiscal impact determination.

☒ COPY OF RESOLUTION OR ORDINANCE IS ATTACHED

BROWN COUNTY HEALTH & HUMAN SERVICES

111 N. Jefferson Street
P.O. Box 22188
Green Bay, WI 54305-2188



Erik Pritzl, Executive Director

Phone (920) 448-6000 Fax (920) 448-6166

To: Human Services Board
Human Services Committee

From: Erik Pritzl, Executive Director

Date: August 8, 2019

Re: Executive Director's Report

Secure Residential Care Center for Children and Youth (SRCCCY)

A response to the Request for Proposals was submitted for an SRCCCY in Brown County. The proposal included a facility that would house a 24-bed SRCCCY, and a 32-bed Secure Detention Center. The proposal is to serve both male and female youth in the SRCCCY and Secure Detention. The estimated project cost for the facility including construction costs, non-construction costs and contingency funding is \$43,032,000. Other counties that submitted proposals include Dane, Milwaukee, and Racine.

The grant committee have started to review the proposals, and can work with the counties to refine the proposals for a final submission by October 1st. There is concern about the amount of funding available, and the total costs of the proposals submitted. The grant committee has asked that counties consider ways (waivers to request, construction options) to reduce the overall costs of the facilities proposed. Without additional funding being available, all the projects could not be approved as submitted.

Organizational Effectiveness (OE)

The initial team concluded the sessions with outside facilitators in July, and staff volunteers have stepped forward to continue the work on identified improvement areas ("remedies" in OE). This includes the physical environment we work in, processes to streamline (service authorizations, car seats), supporting a code of conduct, defining roles and responsibility for services and training, and a few other areas. Meetings have been set by the team, and there was agreement to continue moving forward with our internal facilitators.

Child Protective Services Study

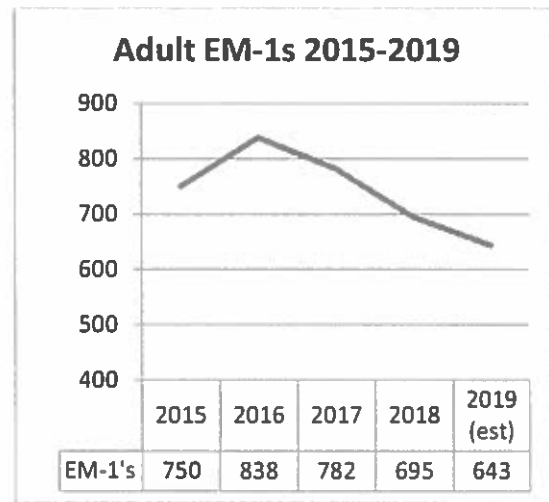
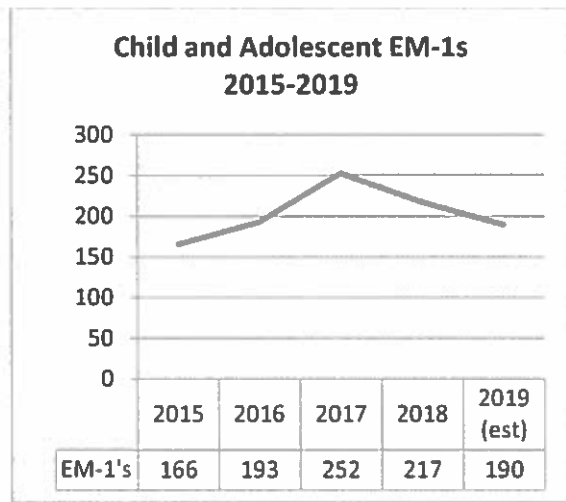
The Professional Services Group (PCG) is going to be finalizing the Child Protective Services Study, and intends to present an overview of the report to the Human Services Committee at the August meeting. They have completed staff surveys and focus groups, and analyzed data that was requested specific to Brown County. We expect a comprehensive set of recommendations to be presented that will identify improvement opportunities for Child Protective Services.

Criminal Justice Services

The Criminal Justice Services program area completed 732 assessments as of the end of June, 2019. Numbers related to the number of assessments completed by the end of July are not available as of the date of this report. Offenders receive a standardized assessment that indicates a release level. This release level (1-5 and No Release), corresponds to a bond recommendation and a contact recommendation for pre-trial reporting. Across all release levels there was an over 98.4% appearance rate for further court proceedings, and a safety rate over 96.1% (no new criminal activity). This program area is now fully staffed with the transition of the day report center functions.

Emergency Detentions

Emergency detentions for both adults and children are lower in 2019 compared to 2018, and the year to date trend shows a downward trend continuing from prior years. The two charts below show prior years, and estimates for 2019.

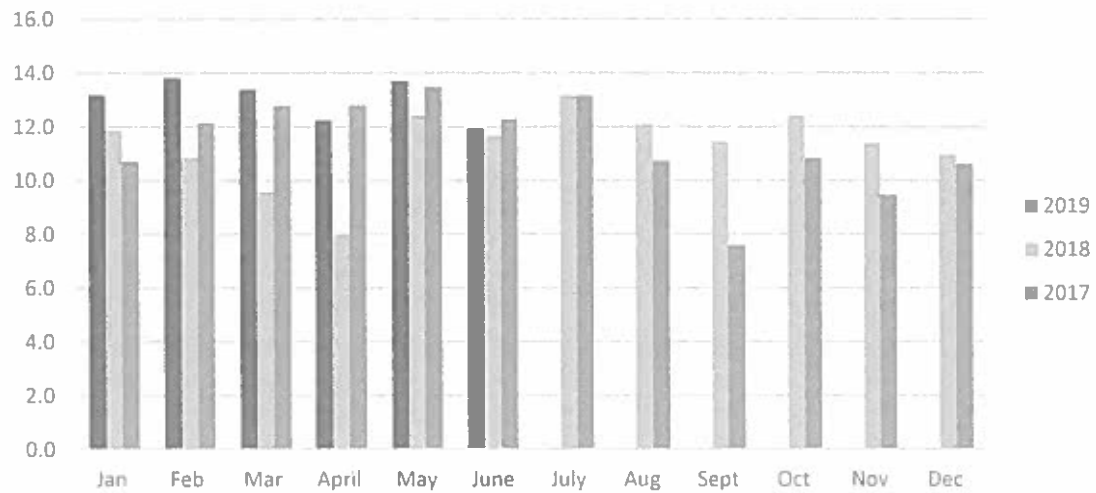


There has been a shift to more voluntary admissions at the Community Treatment Center, and other partners have indicated more voluntary use of services. However, there have been more admissions to Winnebago Mental Health Institute (WMHI) in 2019. These admissions can occur when there are capacity issues with our local facilities, or needs that can't be addressed in our local facilities. Specific to capacity, all local options are explored prior to using an out of county facility. There was data shared recently on statewide transports to WMHI, and Brown County was number 11 for counties. There are other counties with more transports to WMHI that also have local facilities. These include Waukesha, Fond du Lac, and Milwaukee.

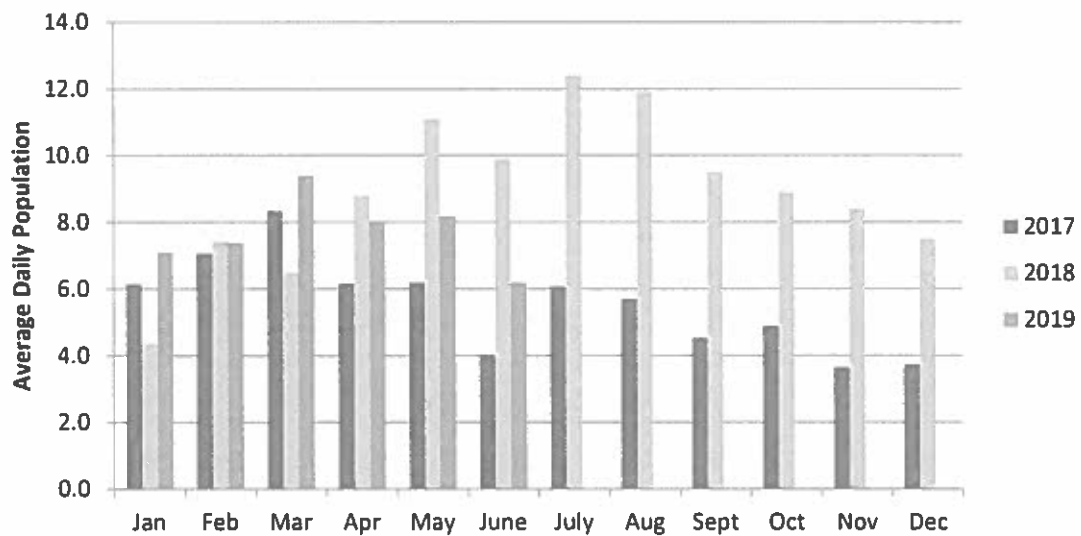
Community Treatment Center

Census at our Community Treatment Center units has been slightly higher in 2019 compared to 2018. The average daily census for June at the Nicolet Psychiatric Center was 11.9, and the average daily census at Bay Haven (CBRF) for May was 6.2. Three years of average daily census at the Nicolet Psychiatric Center (NPC) are presented visually in the charts below.

**Nicolet Psychiatric Center Average Daily Census
2017-2019**



**Bay Haven (CBRF) Census
2017-2019**



BROWN COUNTY HEALTH & HUMAN SERVICES

111 N. Jefferson Street
P.O. Box 22188
Green Bay, WI 54305-3600



Phone (920) 448-6000 Fax (920) 448-6166

Erik Pritzl, Executive Director

To: Human Services Board and Human Services Committee

Date: August 7, 2019

Subject: 6/30/19 YTD Financial Results for Community Treatment Center and Community Services

Community Treatment Center

Financial results for the Community Treatment Center for the first half of 2019 show revenues at 53.0% of the annual budget and expenses at 50.3% resulting in an overall favorable budget variance of \$342,646 YTD. The significant favorable revenue variance for 2019 continues to be due primarily to higher census for Nicolet Psychiatric Center, with Bayshore Village Nursing Home and Bay Haven CBRF slightly under budget as seen in the chart below.

Expenses are just over budget YTD including Personnel Costs also at 50.3% which includes regular pay and fringe benefits under budget and overtime pay above budget due to open positions. Other Operating Expenses are at 51.4% of the annual budget primarily because of higher than anticipated Intra-county expense for Technology Services, along with higher Contracted Services and Medical Supplies expense related to higher acuity patients which also generally increases patient care revenue.

6/30/19 YTD census compared to budget is as follows:

<u>Average Daily Census</u>	<u>YTD</u>	<u>Budget</u>
Bayshore Village SNF	60.1	61.3
Nicolet Psychiatric Center	13.0	10.7
Bay Haven CBRF	7.7	7.9

Community Services

Financial results through June for Community Services include revenues at 50.3% of the annual budget and expenses at 51.0% resulting in an overall unfavorable YTD budget variance of \$330,083. The slight favorable revenue variance continues to be due primarily to higher than anticipated CLTS program TPA (Third Party Administrator) revenue with directly offsetting expense included in Other Operating Expense. In June an unfavorable prior year revenue adjustment of approximately \$295,000 needed to be recorded based on the final 2018 reconciliation of CLTS and CCOP program activity. This, however, was offset by a favorable adjustment of \$317,803 to Other Financing Sources which is an HR Transfer In amount for Comp and Class wage adjustments.

Personnel Costs are at 47.9% of budget with this favorable variance due to open positions, intra-county reimbursements for short-term disability leaves, and lower than projected Fringe Benefits expense, offset by higher overtime pay. Purchased Services continue to be significantly over budget due primarily to CLTS program TPA expense as explained above, higher than anticipated child/youth and adult State Mental Health facility stays, and high juvenile justice Residential Care Center and correctional facility costs.

Respectfully Submitted,

Eric Johnson
Finance Manager



Community Treatment Center

Through 06/30/19
Prior Fiscal Year Activity Included
Summary Listing

Account Classification	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year YTD
Fund 630 - Community Treatment Center								
REVENUE								
Property Taxes	3,200,420.00	.00	3,200,420.00	266,701.67	1,600,210.02	1,600,209.98	50.0%	1,599,604.98
Intergov Revenue	4,194,042.00	.00	4,194,042.00	355,127.97	2,137,288.84	2,056,753.16	51.0%	1,381,809.00
Public Charges	4,004,411.00	.00	4,004,411.00	349,325.21	2,347,519.30	1,656,891.70	58.6%	2,795,759.84
Miscellaneous Revenue	1,554,137.00	.00	1,554,137.00	113,442.28	704,117.80	850,019.20	45.3%	889,836.30
Other Financing Sources	.00	155,693.00	155,693.00	32,728.00	155,693.00	.00	100.0%	50,565.00
REVENUE TOTALS	\$12,953,010.00	\$155,693.00	\$13,108,703.00	\$1,117,325.13	\$6,944,828.96	\$6,163,874.04	53.0%	\$6,725,575.12
EXPENSE								
Personnel Costs	9,134,103.00	118,693.00	9,252,796.00	851,236.04	4,654,990.88	4,597,805.12	50.3%	4,853,381.04
Operating Expenses	4,305,357.00	37,000.00	4,342,357.00	470,904.41	2,233,080.86	2,051,150.84	51.4%	2,187,714.70
Outlay	87,000.00	.00	87,000.00	.00	836.32	86,163.68	1.0%	.00
EXPENSE TOTALS	\$13,526,460.00	\$155,693.00	\$13,682,153.00	\$1,322,140.45	\$6,888,908.06	\$6,735,119.64	50.3%	\$7,041,095.74
Community Treatment Center Totals								
REVENUE TOTALS	12,953,010.00	155,693.00	13,108,703.00	1,117,325.13	6,944,828.96	6,163,874.04	53.0%	6,725,575.12
EXPENSE TOTALS	13,526,460.00	155,693.00	13,682,153.00	1,322,140.45	6,888,908.06	6,735,119.64	50.3%	7,041,095.74
Grand Totals	(\$573,450.00)	\$0.00	(\$573,450.00)	(\$204,815.32)	\$55,920.90	(\$571,245.60)		(\$315,520.62)



Community Services

Through 06/30/19

Prior Fiscal Year Activity Included
Summary Listing

Account Classification	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year YTD
Fund 201 - Community Services								
REVENUE								
Property taxes	15,986,348.00	.00	15,986,348.00	1,332,195.69	7,993,174.14	7,993,173.86	50.0%	8,086,389.00
Intergov Revenue	33,020,137.00	376,174.00	33,396,311.00	2,373,919.33	16,505,334.35	16,890,976.65	49.4%	15,605,451.30
Public Charges	2,263,051.00	11,400.00	2,274,451.00	220,045.30	1,171,542.67	1,102,908.33	51.5%	1,123,089.56
Miscellaneous Revenue	86,250.00	36,639.00	122,889.00	69,772.51	81,559.82	41,329.18	66.4%	167,625.01
Other Financing Sources	36,639.00	578,352.00	614,991.00	317,803.00	614,991.00	.00	100.0%	253,929.67
REVENUE TOTALS	\$51,392,425.00	\$1,002,565.00	\$52,394,990.00	\$4,313,735.83	\$26,366,601.98	\$26,028,388.02	50.3%	\$25,236,484.54
EXPENSE								
Personnel Costs	20,122,872.00	889,476.00	21,012,348.00	1,628,960.69	10,060,650.73	10,951,697.27	47.9%	9,757,502.32
Operating Expenses	31,141,553.00	113,089.00	31,254,642.00	2,799,636.29	16,636,034.00	14,593,948.69	53.2%	16,609,831.10
Outlay	128,000.00	.00	128,000.00	.00	.00	128,000.00	0.0%	23,129.50
EXPENSE TOTALS	\$51,392,425.00	\$1,002,565.00	\$52,394,990.00	\$4,428,596.98	\$26,696,684.73	\$25,673,645.96	51.0%	\$26,390,462.92
Community Services Totals								
REVENUE TOTALS	51,392,425.00	1,002,565.00	52,394,990.00	4,313,735.83	26,366,601.98	26,028,388.02	50.3%	25,236,484.54
EXPENSE TOTALS	51,392,425.00	1,002,565.00	52,394,990.00	4,428,596.98	26,696,684.73	25,673,645.96	51.0%	26,390,462.92
Grand Totals	\$0.00	\$0.00	\$0.00	(\$114,861.15)	(\$330,082.75)	\$354,742.06		(\$1,153,978.38)

**BROWN COUNTY COMMUNITY TREATMENT CENTER
JULY 2019 BAY HAVEN STATISTICS**

	JULY	YTD 2019	YTD 2018		JULY	YTD 2019	YTD 2018
ADMISSIONS							
Voluntary - Mental Illness	26	231	200	AVERAGE DAILY CENSUS	3.9	7.1	8.5
Emergency Detention - Mental Illness	0	0	0				
Return from Conditional Release	0	0	0	INPATIENT SERVICE DAYS	122	1511	1809
Court Order - Prelim Mental Illness	0	0	0				
Court Order - Final Hearing	0	0	0	BED OCCUPANCY	26%	48%	57%
Other - EPP	0	1	9				
TOTAL	26	232	209	DISCHARGES	22	233	200
READMIT WITHIN 30 DAYS				DISCHARGE DAYS	97	1914	1390
Readmit within 30 days	1	20	20				
				AVERAGE LENGTH OF STAY	4	8	7
IN/OUT	2	10	22				
				AVERAGE LOS BY COUNTY			
ADMISSIONS BY COUNTY							
Brown	22	204	173	Brown	5	6	12
Door	1	7	2	Door	1	2	3
Kewaunee	0	3	1	Kewaunee	0	1	1
Oconto	0	5	8	Oconto	0	6	2
Marinette	0	0	0	Marinette	0	0	0
Shawano	2	7	14	Shawano	7	6	24
Waupaca	0	0	1	Waupaca	0	0	1
Menominee	0	0	0	Menominee	0	0	0
Outagamie	0	2	5	Outagamie	0	2	24
Manitowoc	0	1	1	Manitowoc	0	0	3
Winnebago	0	0	1	Winnebago	0	0	1
Other	1	3	3	Other	2	2	18
TOTAL	26	232	209	TOTAL	4	8	7

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**BROWN COUNTY COMMUNITY TREATMENT CENTER
JULY 2019 NICOLET PSYCHIATRIC CENTER STATISTICS**

	JULY	YTD 2019	YTD 2018		JULY	YTD 2019	YTD 2018
ADMISSIONS							
Voluntary - Mental Illness	12	97	101	AVERAGE DAILY CENSUS	9.0	12.4	11.1
Emergency Detention - Mental Illness	35	223	299				
Return from Conditional Release	13	56	54	INPATIENT SERVICE DAYS	279	2638	2350
Court Order - Prelim Mental Illness	0	0	0				
Court Order - Final Hearing	1	5	4	BED OCCUPANCY	56%	78%	69%
Other	0	0	0				
TOTAL	61	381	458	DISCHARGES	63	384	458
READMIT WITHIN 30 DAYS				DISCHARGE DAYS	376	2658	2367
Readmit within 30 days	12	48	45				
				AVERAGE LENGTH OF STAY	6	7	5
IN/OUT	0	14	12				
ADMISSIONS BY COUNTY				AVERAGE LOS BY COUNTY			
Brown	57	342	376	Brown	6.5	7	5
Door	0	5	7	Door	5	8	12
Kewaunee	0	2	2	Kewaunee	0	0	0
Oconto	2	8	12	Oconto	3	9	2
Marinette	0	0	8	Marinette	0	0	2
Shawano	0	4	7	Shawano	0	1	5
Waupaca	0	0	1	Waupaca	0	0	1
Menominee	0	2	0	Menominee	0	1	0
Outagamie	0	7	12	Outagamie	0	1	2
Manitowoc	2	4	14	Manitowoc	2	1	5
Winnebago	0	0	0	Winnebago	0	0	0
Other	0	7	19	Other	0	5	7
TOTAL	61	381	458	TOTAL	6	7	5

Bayshore Village
JULY
2019 Statistics

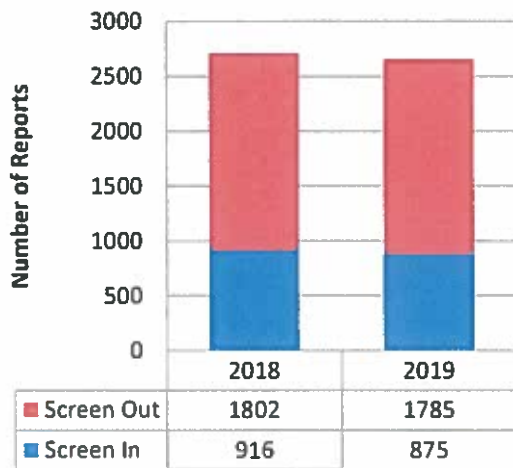
NURSING HOME			
ADMISSIONS	JULY 2019	Yr to Date 2019	Yr to Date 2018
From Nicolet Psychiatric Center	0	1	1
From General Hospital	0	0	3
From Nursing Home	0	4	0
From Home	0	0	1
From Residential Care Facilities	0	1	0
Protective Placement	4	12	11
Other	1	0	0
Total	5	23	16
Re-admit from hospital stay (Unit chart was not closed)	0	0	0
DISCHARGES	JULY 2019	Yr to Date 2019	Yr to Date 2018
To Nicolet Psychiatric Center	0	0	1
To General Hospital	0	0	0
To Nursing Home	0	0	0
To Home	0	0	4
To Alternate Care Programs	0	0	0
To Residential Care Facilities	1	4	6
Expired	2	11	6
Other	0	1	1
Total	3	16	18
Bed Occupancy Including Payable (Bed Hold Days)	98.1	96.0	95.2
D/C to Hospital (Unit chart not closed)	0	0	0
Total Service Days	JULY 2019	Yr to Date 2019	Yr to Date 2018
SNF - (Skilled Nursing Facility)	1914	12784	12868
Paid Bed Hold Days	1	17	96
Total Payable Days	1915	12801	12964
Unpaid Bed Hold Days	0	5	0
Total	1915	12806	12964
Number days D/C to hospital (not billable)	0	0	0
Average Daily Census	JULY 2019	Yr to Date 2019	Yr to Date 2018
Avg Census (Payable Days) (total days/total beds)	98.1	95.8	96.8
Avg Census (All Days) (total days/total beds)	98.1	95.9	96.8
Avg Daily Census Bayshore Village(63 Beds)	60.2	60.1	61.6
** Nursing Home client with DD1A Level of Care			

CTC Double Shifts Worked — July 1-31, 2019

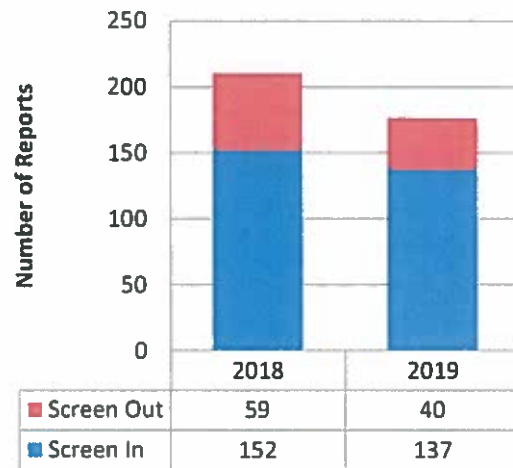
Employee Name	Classification	Date(s)	Shifts Worked
Begalke, John	CNA	July 4, 6, 7, 15, 16, 19, 21, 27, 28	PM / NOC
		July 11	NOC / AM
Broadnax, Olympia	CNA	July 5, 13, 14	AM / PM
Chang, Chue	CNA	July 6, 7	AM / PM
Dimitrova, Miglena (Maggie)	CNA	July 6, 13, 14	AM / PM
Goggins, Laura	RN	July 4, 14	AM / PM
Harrill, Diane	CNA	July 6, 7, 10, 11, 15, 16, 20, 21, 25	PM / NOC
Hottinger, Emily	CNA	July 5, 25	PM / NOC
Joachim, Bob	CNA	July 14, 28	AM / PM
Johnson, Candace	CNA	July 17, 29, 31	PM / NOC
Parent, Alana	CNA	July 20, 21, 31	AM / PM
Powell, Rachel	CNA	July 11	PM / NOC
Radeva, GiGi	CNA	July 28	AM / PM
Rodriguez, Ana	RN	July 12, 13, 19, 24, 25, 28	AM / PM
Rose, Joe	CNA	July 7, 20, 21	AM / PM
Spencer, Brenda	CNA	July 7, 14	AM / PM
vonBerlichingen, Annelise	CNA	July 2, 21	PM / NOC
		July 12, 13, 19	AM / PM

Child Protection Statistics: July, 2019

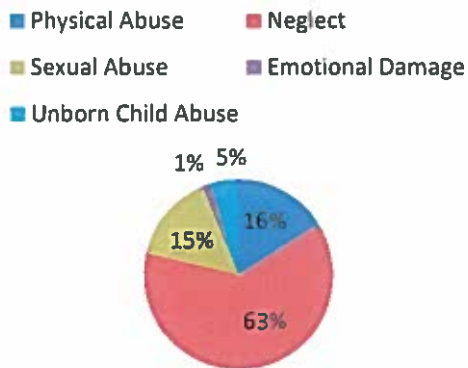
Year to Date: CPS Referrals



Year to Date: Service Requests

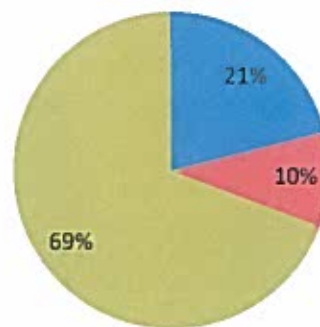


July CPS Allegation(s) of Maltreatment



July CPS Response Times

■ Same Day ■ 24-48 Hours ■ 5 Business Days



In the month of July, the Child Protection - Ongoing Team was noticed regarding the excellent job they were doing with timeliness on face-to-face contact with children and families and were meeting all federal benchmarks. The Initial Assessment Team welcomed two new staff and they are actively in training status.

The Brown County Family Center opened its doors for family interaction on July 1st. In the month of July, there were approximately 140 visits occurring with children and their parents at the Family Center. The space has allowed for positive family bonding, with an opportunity for our staff to assist with skill-building for parents. A young boy (8) was excited getting a tour of the building and looking outside and was asking his mom if he had to go back to "the other place" next week. He was told visits would be at the new Family Center from now on and both arms went up in the air as he yelled with excitement.

**HEALTH AND HUMAN SERVICES
2019 PROVIDER CONTRACT LIST - 7/30/2019**

Provider	Service(s) Description	Target Client	Updated Not-to-Exceed Amount
101 Mobility (Mobility 101 in Avatar) of Northeast WI	Medical/therapeutic supplies and equipment and home modifications	Children	\$50,000
Acceptational Minds LLC	Living skills for autistic and/or behaviorally-challenged children and their families	Children	\$600,000
A & J Vans Inc.	Vehicle modifications for families with disabled children	Families of disabled children	\$65,000
Adams L AFH	3-4 bed traditional adult family home	MH/AODA	\$90,000
ADL Monitoring Solutions (formerly WI Lock and Load Electronic Monitoring)	UA observed collection and transport for veterans treatment court	AODA adults	\$20,000
Advocates for Healthy Transitional Living LLC	Treatment foster care placing agency and respite care	High behavioral needs children	\$945,000
Affinity Health (St. Elizabeth Hospital & Affinity Medical Group)	Inpatient detox services	MH/AODA	\$25,000
Anderson, Campell Educational Teaching (ACE)	Daily living skills training	Children	\$60,000
Anna's House Assisted Living	CBRF (assisted living)	MH/AODA	\$100,000
ASPIRO Inc.	Birth to 3 services, respite, prevocational training, adult day programming	Children with disabilities	\$695,000
Assisted Living by Hillcrest (Allouez Parkside Village #1 and #2)	CBRF (assisted living) for APS use	At-risk adults	\$75,000
Bellin Health Occupational Health Solutions	Drug screenings and transporting inpatient clients to court	Adult parents	\$10,000
Bellin Psychiatric Center	Inpatient psychiatric and detox services	MH/AODA	\$250,000
Berry House (Robert E. Berry House)	CBRF (assisted living) that takes individuals with backgrounds in violent crimes	MH	\$115,000
Better Days Mentoring	Youth mentoring services, daily living skills	Youth	\$275,000
Boll Adult Care Concepts	Corporate adult family home (assisted living) with CCS services for high needs behavioral health	MH/AODA	\$500,000
Brotoloc Health Care System	CBRF and corporate adult family homes (assisted living)	PD with MH issues	\$500,000
Caravel Autism Health	Social learning groups for children with social communication challenges	Children	\$20,000
Care for All Ages (CFAA)	CBRF (assisted living), child day care (day care used VERY sparingly)	PD with MH issues	\$35,000
Catholic Charities of the Diocese of GB	Teen Parenting program, fiscal agent services, domestic violence group	Teens	\$160,000
CP Center	Respite and daily living skills	Children with disabilities	\$75,000
Childrens Service Society	Treatment foster care placing agency	Children	\$10,000
Childs Institute	Children high-needs residential care center (RCC)	High behavioral needs children	\$175,000
Cisler Construction	Home remodeling/modifications	Families of long-term care children	\$50,000
Clarity Care Inc.	CBRF (assisted living), home health care	PD with MH issues	\$10,000
Clinicare - Milwaukee Academy	Youth high-needs residential care center (RCC)	High behavioral needs children	\$145,000
Communication Pathways LLC	Social learning groups for children with social communication challenges	Children	\$60,000
Compass Development	CBRF (assisted living)	PD with MH issues	\$62,000
Cordoba Residence LLC	1-2 bed corporate adult family home (AKA 'Community Care Home') specializing in 1.1 care	MH needing 1.1 care	\$210,000
Curative Connections	Supportive home care, specialized transportation, prevocational training, daily living skills, CCS services	MH/AODA and LTC children	\$420,000
Curo Care LLC	Corporate adult family homes (assisted living)	PD with MH issues	\$200,000
Deer Path Assisted Living Inc.	CBRF, corporate adult family homes (assisted living)	MH/AODA	\$120,000
Dodge County (DBA Clearview Behavioral Health)	Brain injury rehabilitation center	Adults w/traumatic brain injury	\$285,000
Dynamic Family Solutions	Family counseling/treatment programs	Families of juvenile offenders	\$30,000
Encompass Child Care	Child day care	Children	\$50,000
Engberg AFH	1-2 bed traditional adult family home	MH	\$22,000
Exceptional Equestrians	Hippotherapy and therapeutic riding to clients with special needs	Children with disabilities	\$50,000
Expressive Therapies LLC	Music therapy for children	Children	\$32,000
Family Services of Northeast Wisconsin Inc.	CBRF (assisted living), CRISIS Center services, counseling, CCS services	MH/AODA, children	\$3,000,000
Family Training Program	Parenting/family skills training	CPS parents, parents of juvenile offenders	\$290,000
Family Works Programs, Inc.	Treatment foster care placing agency	Children	\$25,000
Foundations Health and Wholeness, Inc.	Treatment foster care placing agency and CCS Services	Children and adults	\$200,000
Friendship House	Group home for juvenile offenders	Juvenile offenders	\$100,000
The Gathering Place	CCS peer support services	MH/AODA	\$25,000
Golden House	Domestic abuse services	Adults in need	\$63,086

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**HEALTH AND HUMAN SERVICES
2019 PROVIDER CONTRACT LIST - 7/30/2019**

Provider	Services(s) Description	Target Client	Updated Not-to-Exceed Amount
Gonzalez AFH	3-4 bed traditional adult family home	PD with MH issues	\$24,000
Goodwill Industries	Prevocational services	PD with MH issues	\$2,500
Green Bay Area Builders	Home remodeling/modifications	Families of long-term care children	\$50,000
Green Bay Transit Commission - NO CONTRACT	Bus passes for transportation to/from school, meetings with parents, etc.	CPS case children and adults	N/A
Greenfield Rehabilitation Agency, Inc.	Birth to 3 services	Children with disabilities	\$510,000
GT Mobility & Services	Vehicle modifications for families with disabled children	Families of disabled children	\$95,000
Helping Hands Caregivers	Supportive home care	PD with MH issues	\$10,000
Home Instead Senior Care	Supportive home care	PD with MH issues	\$8,000
Homes for Independent Living	CBRF (assisted living)	MH	\$200,000
HME Home Medical	Medical and therapeutic supplies and equipment	Children	\$55,000
Improved Living Services	Corporate adult family homes (assisted living), CCS services	MH	\$65,000
Independent Mobility Plus	Medical and therapeutic supplies and equipment	Children	\$50,000
Infinity Care Inc.	CBRF (assisted living), home health care	PD with MH issues	\$95,000
Innovative Services	Corporate adult family home (assisted living), CCS services, daily living skills, supportive home care	High-needs MH	\$1,850,000
Jackie Nitschke Center Inc.	AODA residential and intensive outpatient services	AODA adults and youth	\$150,000
Jacobs Fence	Fence building and repair	Families of long-term care children	\$90,000
KCC Fiscal Agent Services	Payor of client-hired personal care workers		\$985,000
KUEHG - Kindercare	Child day care	Children	\$85,000
Kismet Advocacy	Mentoring, living skills for autistic and/or behaviorally-challenged children and their families	Children	\$318,000
Kimbrough, Ellen AFH	1-2 bed traditional adult family home	MH	\$30,000
Lad Lake	Youth high-needs residential care center (RCC)	High behavioral needs children	\$150,000
Lutheran Social Services	CBRF (assisted living) with CCS services	MH/AODA	\$905,000
Lutheran Social Services (Homme Home)	Youth (all male) high-needs residential care center (RCC)	High behavioral needs children	\$615,000
Macht Village Programs Inc. (MVP)	Respite care, counseling, daily living skills, treatment foster care child placing agency	High behavioral needs children	\$700,000
McCormick Memorial Home	CBRF (assisted living)	MH/AODA	\$60,000
Milestones Behavioral Pediatrics	Social learning groups for children with social communication challenges	Children	\$20,000
Moon Beach Camp	Summer camp for children with autism	Children with long-term care needs	\$20,000
Mooring Programs Inc.	AODA residential services	AODA adults	\$100,000
My Brother's Keeper	Male Mentoring Program	Juvenile males	\$10,000
Mystic Meadows LLC	Corporate AFH (assisted living)	MH/AODA	\$320,000
NEW Community Shelter Inc.	Homeless sheltering services	MH	\$40,000
Northwest Passage	Children high-needs residential care center (RCC)	High behavioral needs children	\$125,000
Nova Counseling Services Inc.	AODA residential services	AODA adults	\$50,000
Nurses PRN Home Care	Skilled nursing services	Children	\$45,000
Oconomowoc Development Training Center	Residential care center (RCC) for juvenile offenders	Juvenile offenders	\$175,000
Options Counseling Services (Koinonia)	AODA residential services	AODA adults	\$35,000
Options for Independent Living Inc.	CCS peer support services, home modification assessments	MH/AODA	\$10,000
Options Treatment Program	AODA treatment, CCS services	AODA youth and adults	\$40,000
Paragon Industries	Daily respite care	Children with long-term care needs	\$260,000
Parmentier AFH	3-4 bed traditional adult family home	MH	\$44,500
Pathways Treatment	AODA residential treatment for dual diagnosis clients	AODA/MH (dual diagnosis)	\$375,000
Pillar and Vine, Inc.	Treatment foster care placing agency	Children	\$25,000
Prevea Health WorkMed	Drug screenings	CPS parents, AODA, JJ youth	\$55,000
Productive Living Systems	Corporate adult family homes, CBRF (assisted living), supportive apartment program	MH/AODA	\$340,000
Productive Living Systems (Pnuma LLC)	CBRF (assisted living)	PD with MH issues	\$120,000
Psychological Consultants of Green Bay	Psychological assessments to determine competency	Elderly, DD	\$25,000
Ravenwood Behavioral Health	Nursing home for high-needs MH clients	High-needs MH	\$100,000

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HEALTH AND HUMAN SERVICES
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Provider	Service(s) Description	Target Client	Updated Not-to-Exceed Amount
Rawhide, Inc.	Residential care center (RCC) for juvenile offenders	Juvenile offenders	\$500,000
Rehabilitation House	Transitional CBRF (assisted living) for co-occurring AODA/MH	MH/AODA	\$60,000
REM Wisconsin	Corporate adult family home, CBRF (assisted living)	MH, PD with MH issues	\$200,000
Saint A	Treatment foster care placing agency	Children	\$30,000
Social Thinkers	Social learning groups for children with social communication challenges	Children in need	\$22,500
Smith Receiving Home	Receiving home for emergency placements	Children	N/A
Spectrum Behavioral Health	CCS services	Children with disabilities	\$100,000
St. Vincent Hospital	Birth to 3 services, home delivered meals	AODA	\$250,000
Tellurian	Residential detox	Families of long-term care children	\$55,000
Tim Hallbrook Builders	Home remodeling/modifications	High behavioral needs children	\$50,000
Tomorrow's Children Inc.	Children high-needs residential care center (RCC)	AODA	\$100,000
Treatment Providers LLC (Dr. Fatoki)	Medication Assisted Treatment (MAT) for opioid abuse treatment	Very high-needs MH	\$60,000
Trempealeau County Health Care	County-run adult family homes, CBRF (assisted living), and institute for mental disease	Non-english speaking	\$1,400,000
United Translators	Interpreter/translation services	Children in need	\$10,000
VanLanen Receiving Home	Receiving home for emergency placements	MH/AODA	N/A
Villa Hope	CBRF (assisted living), supportive apartment program	Children	\$1,400,000
Walking and Wheeling	Medical/therapeutic supplies and equipment and home modifications	MH/AODA	\$85,000
Willow Creek Behavioral Health (SBH)	Inpatient psychiatric and detox services	Parents of MH/juvenile offenders	\$200,000
Wisconsin Family Ties	Family support and advocacy services	MH, JJ	\$26,000
Wisconsin Lock and Load Transport	Provides secure transportation to/from GB to other state facilities		\$42,000